

3 1761 08638705 7

TRANSACTIONS of the Canadian Dental Association



DENTAL LIBRARY
UNIVERSITY OF TORONTO
124 EDWARD ST.
TORONTO 2
ONTARIO, CANADA

DÉLIBÉRATIONS de L'association dentaire canadienne



INTERIM AND ANNUAL MEETINGS
BOARD OF GOVERNORS
MARCH 19 - 20 AND SEPTEMBER 24-25

ASSEMBLÉES INTÉrimAIRE ANNUELLE
DU CONSEIL DES GOUVERNEURS
LES 19-20 MARS ET LES 24-25 SEPTEMBRE

1982



OFFICE OF THE SECRETARY

MEMORANDUM

INTERIM

MEETING

BOARD OF GOVERNORS

CANADIAN DENTAL ASSOCIATION

OTTAWA, ONTARIO

March 19-20

1982

PRIÈRE DE FAIRE SUIVRE

Ce cahier constitue un dossier des affaires traitées aux assemblées intérimaire et annuelle du Conseil d'administration de l'Association dentaire canadienne, à Ottawa (Ontario), les 19 et 20 mars et les 24 et 25 septembre 1982 respectivement.

Tous les membres de l'Association dentaire canadienne sont invités à assister et à participer aux assemblées du Conseil d'administration.

Pendant les assemblées, les rapports des conseils, des divisions, etc. sont exposés publiquement. Le président peut accorder le droit de parole à tout membre sur tout sujet, mais seuls les membres du Conseil d'administration ont le droit de vote:

Les parties en italique tant dans le corps qu'à la fin des rapports présentés par les conseils ou les divisions représentent les commentaires et les décisions du Conseil d'administration.

Les PROCES-VERBAUX DE L'ADC ont pour but de fournir aux membres un dossier sur les politiques et les décisions du Conseil d'administration ainsi que sur le travail effectué par les conseils et les divisions de l'association.

FORWARD

This book provides a record of the business transacted at the Interim and Annual Meetings of the Board of Governors of the Canadian Dental Association, at Ottawa, Ontario on March 19-20, and September 24-25, 1982 respectively.

All members of the Canadian Dental Association are welcome to attend and to participate in the meetings of the Board of Governors.

During the sessions, reports of Councils and Sections, etc., are brought to open sessions of the Board, and, although the Chairman may permit any member to speak on any issue, only Board members may vote:

Words appearing in italics both within the body and at the end of the Council or Section Reports constitute the comments and actions of the Board of Governors.

The purpose of the C.D.A. TRANSACTIONS is to provide members with a record of the policies and decisions of the Board of Governors and the work of the Association's Councils and Sections.



Digitized by the Internet Archive
in 2025 with funding from
University of Toronto

OBSERVERS

CDA Staff:

D.V. Chatwin, Director of Accreditation	J. Scrimger, Business Manager
A. Hammell, Director of Communications	L. Teteruck, Director of Education

<u>NAME</u>	<u>REPRESENTING</u>
E.F. Allison	Alberta Dental Association
E.R. Ambrose	University of Saskatchewan
S.G. Bagnall	Provincial Dental Board of Nova Scotia
K.D. Butler	Canadian Dental Services Plans Inc.
K. Croft	College of Dental Surgeons of British Columbia
C. Doughty	Royal College of Dental Surgeons of Ontario.
J.G. Gillies	Ontario Dental Association
P. Grant	Canadian Dental Hygienists Association
J.A. Guest	Canadian Fund for Dental Education
T. Gushue	Newfoundland Dental Association
Ingrid Kleysteuber	Canadian Dental Services Plans Inc.
G. Kravis	National Dental Examining Board
G. Macdonald	Newfoundland Dental Association
A.E. MacLeod	Editorial Board
D.E. MacLeod	Nova Scotia Dental Association
J.H.P. Main	Royal College of Dentists of Canada
B.P. Martinello	Alberta Dental Association
R.H. McIntyre	Manitoba Dental Association
D.M. McLeod	Student Governor-Elect
J.W. McMullen	New Brunswick Dental Society
M.E. Mickleborough	Canadian Association Oral & Maxillofacial Surgeons
R. Moran	Canadian Society of Dentistry for Children
D.V. Pamenter	Nova Scotia Dental Association
G.E. Peacock	College of Dental Surgeons of Saskatchewan
J.M. Phillips	Canadian Academy of Endodontics
K. Pownall	Royal College of Dental Surgeons of Ontario
R. Schiewe	Ontario Dental Association
A. Schwartz	University of Manitoba
G.D. Solmundson	Manitoba Dental Association
J.G. Thompson	New Brunswick Dental Society
A. Tremblay	Assoc. des chirurgiens dentistes du Quebec
R. Tremblay	Ontario Dental Association
R.D. Wells	Canadian Dental Services Plans Inc.
R. Wenn	Dental Association of Prince Edward Island
G.B. White	College of Dental Surgeons of Saskatchewan

NOTE: The above names were listed in the Registry Book
which was made available at the Board Room

CANADIAN DENTAL ASSOCIATION

BOARD OF GOVERNORS

OFFICERS & OFFICIALS

Chairman of the Board of Governors J.N.A. Mancini

EXECUTIVE COUNCIL

D.E. Williams, President	P.R. Crawford	J. Laporte
W.R. Thompson, President-Elect	R.N. Hicks	R.D. Sexton
G.E. Utas, Past President	B.W. Holmes	D. Thompson

Executive Director: H.E. Drouin

BOARD OF GOVERNORS

ALBERTA:	NEWFOUNDLAND:	PRINCE EDWARD ISLAND:
R.D. Kinniburgh	R.D. Sexton	J. Robertson
D.L. Thompson		
	NOVA SCOTIA:	QUEBEC:
BRITISH COLUMBIA:	J. Christie	J. Laporte
R.N. Hicks		I. Margoiese
M.R.J. Leitch	ONTARIO:	
R.J. Markey		SASKATCHEWAN:
	B.W. Holmes	
MANITOBA:	G.E. Pitkin	J.W. Niedermayer
	K.L. Roach	
P.R. Crawford	D.B. Smith	CANADIAN FORCES DENTAL SERVICES:
	E.G. Sonley	
NEW BRUNSWICK:	VETERANS AFFAIRS:	J.N. Wright
R.A. Turcotte	J.C. Tsafaroff	HEALTH & WELFARE CANADA:
		W.R. Bedford

STUDENT REPRESENTATIVE:

Ms. R. Hurley

Recording Secretary: Mrs. P. Cunningham

COUNCIL CHAIRMEN

R.Y. Barolet (Dental Materials & Devices)	Peter Judd (Student Affairs)
J.W. Bradey (Ethics)	Y. Kamachi (Information Services)
J.E. Durran (Insurance & Investment)	D. McDougall (Constitution & By-Laws)
M. Gornitsky (Hospital Services)	D.J. Yeo (Education)
H.W. Horsman (Health Care)	G.E. Utas (Nominations)

LEGEND

MARCH 1982

	Page Number	
	Report	Appendix
Executive Council	1	
Audited Financial Statements - CDA	1	12
Audited Financial Statements - CDRF	1	44
Auditors Appointment	2	
Membership Committee Report	2	54
Awards	3	
Federation Dentaire Internationale	3	
Attendance of Auxiliaries at Council Meetings	4	
Health & Welfare - Working Group	4	103
Statement Regarding Dental Hygiene	4	126
Provincial Dental Licensing Authorities	5	129
Product Acceptance Committee	5	134
Taxation Committee	5	136
Policy - Reimbursement of Expenses	7	157
Press Release - Quebec Dental Plans	8	158
1981 Federal Budget	10	161
Council Reports:		
CDSPI (Insurance and Investment)	173	
Constitution and By-Laws	268	
Dental Materials & Devices	276	
Health Care	279	
Hospital Services	293	

L E G E N D

MARCH 1982

	Page Number
Council Reports - continued...	
Information Services	298
Student Affairs	302
Specialty Sections:	
The Canadian Academy of Endodontics	307
Canadian Society of Public Health Dentists	308
Other Affiliated Societies:	
Canadian Fund for Dental Education	310
National Dental Examining Board	329
Royal College of Dentists of Canada	341

L E G E N D
SEPTEMBER 1982

	Page Number	
	Report	Appendix
Executive Council	343	
Appointment of Auditors	343	
1983 Budget	343	356
Membership Fees	344	
Per Diems	344	
CDA Representatives to CDSPI	345	
Appointment of Council on Insurance & Investment ..	345	
CDSPI - Succession of Management Committee	345	
Editorial Board - Terms of Reference	346	
Product Acceptance Committee	347	371
Status of Salaried Dentists - Ad Hoc Committee	347	373
Office Automation	348	384
Membership Committee	348	395
Specialty Sections - CDA Membership Stipulation ...	349	401
Federation Dentaire Internationale Consultants	350	403
Government Relations	351	406
Library/Resource Centre	352	422
Manpower Survey	352	424
Quality Assurance Conference	352	425
Staff Benefits	352	427
Taxation Committee	353	457
Council Reports:		
CDSPI (Insurance and Investment)	486	

L E G E N D

MARCH 1982

Council Reports - continued....	Page Number
Constitution & By-Laws	526
Dental Materials & Devices	528
Education	532
Health Care	575
Hospital Services	584
Information Services	597
Nominations	602
Student Affairs	645
Affiliated Societies:	
Association of College Faculties of Dentistry	664
Canadian Fund for Dental Education	669
Royal College of Dentists of Canada	677
Specialty Sections:	
Canadian Academy of Oral Pathology	679
Canadian Association of Orthodontists	681
Canadian Academy of Paedodontics	684
Canadian Academy of Periodontics	685
The Association of Prosthodontists	686
Canadian Society of Public Health Dentists	687

EXECUTIVE

REPORT OF THE EXECUTIVE COUNCIL TO THE 1982 INTERIM BOARD OF GOVERNORS

Members: Dr. D.E. Williams, Moncton, Chairman
Dr. P.R. Crawford, Winnipeg
Dr. R.N. Hicks, Vancouver
Dr. B.W. Holmes, Kenora
Dr. J. Laporte, Quebec
Dr. R.D. Sexton, Cornerbrook
Dr. D.L. Thompson, Calgary
Brig.-Gen. W.R. Thompson, Ottawa
Dr. G.E. Utas, Grande Prairie

Council Meetings

Since the last Board of Governors meeting in August, 1981, Executive Council has met on two occasions - November 26-27, 1981 and February 12-13, 1982.

Business Requiring Board Action

The Audited Financial Statements for the Canadian Dental Association were reviewed.

RESOLVED:

82.1 *That the Audited Financial Statements for the Canadian Dental Association for the fiscal year ending December 31, 1981 be adopted.*

APPENDIX A (i)

ADOPTED

The Audited Financial Statements for the Canadian Dental Research Foundation were reviewed and explanation received on the investments therein.

RESOLVED:

82.2 *That the Audited Financial Statements for the Canadian Dental Research Foundation for the fiscal year ending December 31, 1981 be adopted.*

APPENDIX A (ii)

ADOPTED

EXECUTIVE

Business Requiring Board Action

CDIP Auditors

Executive Council recommends that the CDA auditors for the CDIP plans be the same auditors as are used for CDSPI.

RESOLVED:

- 82.3 *That the firm of Millard, Deslaurier
& Shoemaker be appointed CDA auditors
of the CDIP plans for 1981*

ADOPTED

Membership Committee Report

Membership statistics to date were reviewed as contained in the appended report and the following is brought to the Board of Governors for information:

APPENDIX B

Life Membership, Associate Membership and Supporting Membership were accepted as appended.

APPENDIX B (i)

Following a review of Life Membership applications, the following is:

RESOLVED:

- 82.4 *That all Life Membership applications
approved by Executive Council will be
effective in the year following the
year of application.*

ADOPTED

This is a change from the previous policy which was adopted in 1978.

Awards

Honorary Membership

A request was forwarded to the provincial associations for nominations to Honorary Membership of the CDA, and Executive Council is pleased to announce that Dr. Bruce Taylor is elected to Honorary Membership. Curriculum vitae is appended for information. APPENDIX B (ii)

EXECUTIVE

Business Requiring Board Action

Awards - continued

Distinguished Service Award

Following consideration by the Executive Council, it was decided that Dr. John McKay will be presented with the Distinguished Service Award of the Canadian Dental Association. It was also determined that Dr. Henry Thornton will be presented with the Distinguished Service Award.

Awards will be presented at a luncheon to be held on May 10, 1982 at the Sheraton Centre, Toronto, at the time of the CDA/ODA 1982 Convention.

Curriculum vitae for recipients is appended for information.

APPENDIX B (iii)

Federation Dentaire Internationale

RESOLVED:

- 82.5 *THAT the Board resolution (March, 1981) covering Terms of Reference for Canadian delegates to FDI be amended to eliminate the per diem provision for CDA representatives to FDI.*

ADOPTED

- 82.6 *THAT the CDA delegates to the 1982 FDI Congress be:*
Brig.-Gen. W.R. Thompson (National Treasurer)
Dr. D.E. Williams

ADOPTED

- 82.7 *THAT Drs. G. Beagrie and R.Y. Barolet be appointed to act as alternate delegates to the 1982 FDI Congress.*

ADOPTED

EXECUTIVE

Business Requiring Board Action

Attendance of Auxiliaries at Council Meetings

Correspondence since the August, 1981 Board of Governors relating to matters of concern is appended for information. A review was done by Executive Council of the events which preceded the August, 1981 resolution of the Board of Governors governing the attendance of auxiliaries at Council meetings. APPENDIX C (i)

It was noted that, in order to comply with this resolution, a change would be necessary in the CDA by-laws, and the report of the Council on Constitution and By-Laws contains the necessary recommendation to amend the by-laws accordingly. Copies of the sections to the By-Laws which are affected, and the suggested amended copy are appended to that Council's report.

Health & Welfare - Working Group on the Practice of Dental Hygiene

Documentation was reviewed as appended. Executive Council advised that two dentists have been suggested as additions to the working group, in order to correct an imbalance in the original make-up of the group. The dentists named are Drs. Andrew Toeman, Quebec and John Christie, Nova Scotia. APPENDIX C (ii)

Statement Regarding Dental Hygiene

Executive Council reviewed the 1974 policy on supervision and a statement on dental hygiene as adopted by the American Dental Association. APPENDIX C (iii)

RESOLVED:

82.8

THAT the appended Statement Regarding Dental Hygiene be adopted as the policy statement of the Canadian Dental Association, as amended.

ADOPTED

EXECUTIVE

Business Requiring Board Action

Provincial Dental Licensing Authorities Meeting - January 9, 1982

Dr. Utas, as CDA representative to the Licensing Authorities meeting in Vancouver, presented his report as appended.

APPENDIX D

A deferred motion from the Board of Governors meeting in August, 1981 is again presented for consideration.

WHEREAS the Executive Council disagrees with the establishment of a separate national organization to fulfill the objectives proposed in the Ad Hoc Committee report; and

WHEREAS Executive Council does support the intent of a forum for discussion of licensing issues by licensing authorities and also supports the three objectives proposed in the Ad Hoc Committee report. Facilitating solutions to problems of a licensing nature should be done in an atmosphere of cooperation and communication within the general framework of the Canadian Dental Association;

RESOLVED:

82.9

THAT a forum for discussion be established to fulfill the objectives specified in the Ad Hoc Committee - CDA/Licensing Bodies report of June 5, 1981; and

FURTHER THAT such a forum for discussion be established under the general framework of the Canadian Dental Association.

ADOPTED

N.B. The Executive Comment was defeated and the Board adopted original motion.

Matters for Information - Not Requiring Board Action

Product Acceptance Committee Report

The report of the Product Acceptance Committee was reviewed by Executive Council and is appended for information.

APPENDIX E

Taxation Committee Report

The report of the Taxation Committee is accepted for information, as appended.

APPENDIX F

EXECUTIVE

Matters for Information - Not Requiring Board Action

The President and members of Management Committee represented the CDA on a number of occasions since the last Board meeting as follows:

- Sept. 4-10/81 - FDI 1981 Congress - Rio de Janeiro
- Oct. 7 - Meeting with ODA Management Committee, Toronto
- Oct. 15-17 - CDA Management Committee, Ottawa
- Oct. 16 - Meeting with Deputy Minister, Health & Welfare Canada
- Oct. 23-27 - American Dental Association Meeting, Kansas City
N.B.: Dr. G.S. Beagrie was made a fellow of the ACD, and D. Wang, a dental student from the University of British Columbia was awarded the highest prize for table clinics.
- Oct. 29-Nov.1 - Annual Meeting, Newfoundland Dental Association
- Dec. 15 - Canadian Life & Health Insurance Meeting, Toronto
- Dec. 17 - P.C. Health Critic, J. Hawkes
- Jan. 6, 1982 - CDHA Executive, Halifax, N.S.
- Jan. 9 - Licensing Authorities Meeting, Vancouver
- Jan. 21 - Minister of Health, Madame Monique Bégin
- PC Task Force on the 1982 Federal Budget
- Jan. 22-23 - CDA Management Committee, Ottawa
- Jan. 29-30 - Manitoba Dental Association Annual Meeting
- Feb. 2 - John Evans, Parliamentary Assistant to Min. of Finance
- Feb. 10 - CDHA/CDA Executive Meeting, Halifax, N.S.
- Feb. 11 - CDA Management Committee, Ottawa
- W.R. Bedford, Senior Consultant - Dentistry, H & W

Certificates of Merit

The following persons were awarded Certificates of Merit for service to the Association, who have served on the Board of Governors, Councils or Committees, as shown.

GOVERNORS

Dr. E.F. Allison	Dr. J.W. MacKay
Dr. C. Covit	Dr. G. Maranda
Dr. R.J. Evans	Dr. L. Tomkins
Dr. A.J. Harris	

COUNCILS AND/OR COMMITTEES

Dr. P. Belisle	- Member, Council on Health Care
Dr. Paul Chapman	- Member, 1981 Convention Committee
Dr. J.A. Derbyshire	- Member, 1981 Convention Committee
Dr. L.G. Dugal	- Member, 1981 Convention Committee
Dr. G.A. Freeze	- Member, Council on Education (posthumous award)

EXECUTIVE

Matters for Information - Not Requiring Board Action

Certificates of Merit - (cont'd.)

COUNCILS AND/OR COMMITTEES

Dr. E.T.M. Geraldi	- Member, 1981 Convention Committee
Dr. G.P. Greeves	- Member, 1981 Convention Committee
Mrs. G. Headley	- Member, 1981 Convention Committee
Dr. R.H. Headley	- Chairman, 1981 Convention Committee
Dr. W.L. Heaslip	- Chairman, Council on Constitution & By-Laws
Dr. A.E. Hoffman	- Member, Council on Hospital Services
Dr. Verne Jones	- Member, 1981 Convention Committee
Dr. C.L.B. Lavelle	- Member, Council on Education
Dr. A.E. MacLeod	- Chairman, Council on Information Services
Dr. J.H.P. Main	- Member, Council on Hospital Services
Dr. G. Maranda	- Member, Board of Governors
Dr. N.S. Misura	- Member, 1981 Convention Committee
Dr. R.D. Odland	- Member, 1981 Convention Committee
Dr. R.J. Sexton	- Chairman, Council on Health Care
Dr. W.R. Teteruck	- Chairman, Dental Admissions Test Committee
Dr. L. Tomkins	- Member, Board of Governors
Dr. R.F. Valentini	- Member, 1981 Convention Committee
Dr. B.H. Weeks	- Member, 1981 Convention Committee

Manpower Study Report

The first report on the Manpower Survey being conducted by R.K. House & Associates was reviewed.

Policy - Reimbursement of Expenses

A policy regarding reimbursement of expenses was reviewed and accepted by the Executive Council, and is appended for information.

APPENDIX G

Peer Review

The provincial members were requested to advise whether or not they wish a workshop on Peer Review. This topic will be an agenda item at the meeting of the Presidents and Chief Executive Officers on March 18th.

EXECUTIVE

Matters for Information - Not Requiring Board Action

Membership Fees

Executive Council suggests that at each annual meeting, fees be discussed for the subsequent years. It was established that a membership fee increase will be necessary for 1984 and this will be reflected in the Budget Projection which is prepared for the Annual Board of Governors meeting in September, 1982.

Membership and corporate fees will be brought to the attention of the Presidents and Chief Executive Officers of Corporate Members at the March 18th meeting.

Cut-Back in Dental Programs by the Quebec Government

A press release was forwarded to the news media in Quebec. It was determined that the CDA should make a strong statement immediately in support of the Quebec Dental Surgeons Association.

APPENDIX H

CDA Conventions - Update

1982 - CDA/ODA Joint Convention - May 9-12, 1982 - Toronto, Ontario
Convention Hotel - The Sheraton Centre.

A pre-convention program was sent to all Canadian dentists in early March, 1982. This package contained an outline of the scientific and social programs, the spouses' program, a registration and hotel reservation form.

- The CDA luncheon will be held on Monday May 10, 1982. The program includes a speaker and the presentation of awards.
- The CDA Past Presidents' Breakfast will be on Tuesday morning May 11 in the Wentworth Room at the Sheraton Centre.
- The Presidents of the Canadian Medical Association, the American Dental Association, The British Dental Association and the Canadian Pharmaceutical Association have been invited to attend, and confirmations are pending.

EXECUTIVE

Matters for Information - Not Requiring Board Action

CDA Conventions - Update (cont'd.)

1983 - CDA Convention - September 25-28, 1983 - Vancouver, B.C.
CDA Headquarters Hotel is the Hyatt Regency, Vancouver.

- All scientific sessions will be in the Hotel Vancouver and all exhibits will be in the Hyatt Regency.
- 1600 bedrooms have been reserved for our use in the city of Vancouver.
- The first full convention planning session was held in Vancouver on March 4, 1982 with representation by those specialty sections meeting in conjunction with CDA, as well as the CDHA and the CDN and AA.
- The Convention Committee includes

Dr. Ted Ramage	- Convention Chairman
Dr. Art Lien	- Scientific Chairman
Dr. Ron Zokol	- Social Chairman
Dr. Rob Mann	- Local Arrangements Chairman
Mr. H. Drouin	- CDA Executive Director
Miss L. Teteruck	- CDA Director of Education

Government Relations

School of Dental Therapy

Council was advised that the present selection of location for the School of Dental Therapy is Prince Albert, Saskatchewan, and that a working group will be established by the Ministry of Education. It is our understanding that the provincial association will be requested to provide input. The twelve - second-year students are completing their course at Fort Smith, and applications for first-year students are not being dealt with until the final decision is made on the relocation of the school.

The trust of our meetings with Health and Welfare has been to encourage the "supply side" to meet the needs of the native people. The government has made a commitment to relocate the dental therapists above the 60th parallel as dental manpower becomes available.

EXECUTIVE

Matters for Information - Not Requiring Board Action

Government Relations

Appointment of Health & Welfare Representative

The appointment of Dr. W.R. Bedford as Senior Consultant, Dentistry, Health and Welfare Canada has been announced and a number of meetings have been held with Dr. Bedford. Executive Council looks forward to continued cooperation with Health and Welfare Canada.

1981 Federal Budget

Following the November 14th Federal Budget, delivered by Hon. A.J. MacEachen the Association forwarded several communications to the membership. An additional communication was sent by the President to the Minister of Finance and was also forwarded to members of the CDA requesting that every dentist support the withdrawal of Resolution 1 (c) of the Notice of Ways and Means Motion.

APPENDIX I

Ad Hoc Committee on Salaried Dentists

Following a resolution of the August, 1981 Board of Governors, a committee has been formed, chaired by Dr. T. Curry, to investigate the status of salaried dentists. A report will be prepared for presentation to the September, 1982 Board of Governors meeting.

Future Meeting Schedules

We have recently requested proposed meeting dates for all Associations and Organizations with the intention that these will be published as early as possible. This matter will be brought to the Presidents and Chief Executive Officers meeting and a list will be made available in the near future.

EXECUTIVE

Matters for Information - Not Requiring Board Action

Correspondence

Executive Council advises that the Canadian dentists are being involved in two major events as follows:

APPENDIX
NEW BUSINESS

The Sixth Congress of the International Association of
Dentistry for the Handicapped - July 20-25, 1982, Toronto

The Second International Congress on Hospital Dental
Practice - August 26-29, 1982, Toronto

Respectfully submitted

Donald E. Williams
President

CANADIAN DENTAL ASSOCIATION
FINANCIAL STATEMENTS
DECEMBER 31, 1981

McCAY, DUFF & COMPANY

CHARTERED ACCOUNTANTS

ELDREN E. MCCONNELL, C.A.
JOHN W. FRANKLIN, C.A.
THOMAS W. HOWARTH, C.A.
BRYAN E. SULLIVAN, C.A.
ALBERT G. MONSIEUR, S.A.D.M., C.A.
BLAIR E. DAVIDSON, S.C.M.A., C.A.

330 McLEOD ST.
OTTAWA, ONT.
K2P 2C5
PHONE 236-2367

AUDITORS' REPORT

To the Members,
Canadian Dental Association.

We have prepared the balance sheet of the Canadian Dental Association as at December 31, 1981 and the statements of revenue and expenses and surplus, revenue and expenses and surplus for the Library Trust Fund and the Grieve Memorial Lectureship Fund and changes in financial position for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as we considered necessary in the circumstances.

In our opinion, these financial statements present fairly the financial position of the Association as at December 31, 1981 and the results of its operations and the changes in its financial position for the year then ended in accordance with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

McCay Duff & Co

Chartered Accountants.

Ottawa, Ontario,
January 21, 1982.

CANADIAN DENTAL ASSOCIATION

BALANCE SHEET

AS AT DECEMBER 31, 1981

	ASSETS	1981	1980
CURRENT			
Cash		\$ 545,764	\$ 91,937
Deposit certificates		200,000	150,000
Accounts receivable		66,591	101,795
Inventory (note 1)		45,169	31,973
Prepaid expenses		25,025	17,173
		<u>882,549</u>	<u>392,878</u>
FIXED (notes 1 and 2)		<u>1,332,289</u>	<u>1,375,359</u>
		<u>2,214,838</u>	<u>1,768,237</u>
	TRUST ASSETS		
Cash		58,380	53,507
Bonds and deposit certificate		5,343	5,343
Due from Canadian Dental Association		-	847
Library books and furniture (at nominal value)		1	3,339
		<u>63,724</u>	<u>63,036</u>
		<u>\$2,278,562</u>	<u>\$1,831,273</u>
	LIABILITIES		
CURRENT			
Accounts payable		\$ 50,420	\$ 73,255
Deferred revenue		588,409	574,444
Due to Trust Fund		-	847
Current portion of long term debt		6,000	6,000
		<u>644,829</u>	<u>654,546</u>
LONG TERM DEBT (note 3)		448,094	453,729
	SURPLUS		
		<u>1,121,915</u>	<u>659,962</u>
		<u>2,214,838</u>	<u>1,768,237</u>
	TRUST LIABILITIES		
Accounts payable		500	300
Library Trust Fund		57,455	56,666
The Grieve Memorial Lectureship Fund		5,769	6,070
		<u>63,724</u>	<u>63,036</u>
		<u>\$2,278,562</u>	<u>\$1,831,273</u>

Approved on behalf of the Board:

President

14

Executive Director

CANADIAN DENTAL ASSOCIATION
STATEMENT OF REVENUE AND EXPENSES AND SURPLUS
FOR THE YEAR ENDED DECEMBER 31, 1981

	1981		1980
	Budget	Actual	Actual
REVENUE			
Fees (schedule A)	\$1,766,419	\$1,781,072	\$1,237,806
Grants	36,500	45,185	44,326
Journal (schedule C)	337,700	315,312	285,120
Publications	30,000	42,331	40,594
Interest	25,000	104,902	19,754
Rental	106,961	112,383	107,021
Other (schedule B)	18,000	61,288	28,403
	<u>2,320,580</u>	<u>2,462,473</u>	<u>1,763,024</u>
EXPENSES			
Honoraria and per diem	143,250	168,998	155,145
Salaries and benefits	448,350	458,949	408,764
General and administration (schedule D)	283,700	296,614	245,569
Conferences	29,000	48,178	30,946
Journal (schedule C)	396,550	376,993	334,594
Other publications (schedule E)	57,000	51,813	42,489
Institutional advertising	15,000	-	-
Travel and meetings (schedule F)	227,600	290,782	231,294
Property management	215,000	225,697	194,717
Dental Health Month	30,000	29,028	24,510
Accreditation surveys	25,700	15,009	24,275
Dental Aptitude Program	34,400	38,459	25,487
	<u>1,905,550</u>	<u>2,000,520</u>	<u>1,717,790</u>
EXCESS OF REVENUE OVER EXPENSES FOR THE YEAR	415,030	461,953	45,234
Surplus - beginning of year	<u>659,962</u>	<u>659,962</u>	<u>614,728</u>
SURPLUS - END OF YEAR	<u>\$1,074,992</u>	<u>\$1,121,915</u>	<u>\$ 659,962</u>

CANADIAN DENTAL ASSOCIATION
LIBRARY TRUST FUND
STATEMENT OF REVENUE AND EXPENSES AND SURPLUS
FOR THE YEAR ENDED DECEMBER 31, 1981

	<u>1981</u>	<u>1980</u>
REVENUE		
Interest	\$ 9,648	\$ 4,760
EXPENSES		
Binding	67	164
Write down of books and furniture	4,965	774
Subscriptions	524	692
Supplies and services	<u>3,303</u>	<u>-</u>
	<u>8,859</u>	<u>1,630</u>
EXCESS OF REVENUE OVER EXPENSES FOR THE YEAR	789	3,130
Surplus - beginning of year	<u>56,666</u>	<u>53,536</u>
SURPLUS - END OF YEAR	<u>\$57,455</u>	<u>\$56,666</u>

CANADIAN DENTAL ASSOCIATION
 THE GRIEVE MEMORIAL LECTURESHIP FUND
 STATEMENT OF REVENUE AND EXPENSE AND SURPLUS
 FOR THE YEAR ENDED DECEMBER 31, 1981

	<u>1981</u>	<u>1980</u>
REVENUE		
Interest	\$ 399	\$ 305
EXPENSE		
Grant to the Orthodontic section of the Canadian Dental Association	<u>700</u>	<u>300</u>
EXCESS OF REVENUE OVER EXPENSE (EXPENSE OVER REVENUE) FOR THE YEAR	(301)	5
Surplus - beginning of year	<u>6,070</u>	<u>6,065</u>
SURPLUS END OF YEAR	<u>\$5,769</u>	<u>\$6,070</u>

CANADIAN DENTAL ASSOCIATION
STATEMENT OF CHANGES IN FINANCIAL POSITION
FOR THE YEAR ENDED DECEMBER 31, 1981

	<u>1981</u>	<u>1980</u>
SOURCE OF FUNDS		
Operations		
Excess of revenue over expenses for the year	\$461,953	\$ 45,234
Item not requiring working capital - depreciation	<u>57,296</u>	<u>44,688</u>
	519,249	89,922
APPLICATION OF FUNDS		
Purchase of fixed assets	14,226	35,627
Reduction of long term debt	<u>5,635</u>	<u>5,626</u>
	<u>19,861</u>	<u>41,253</u>
INCREASE IN WORKING CAPITAL	499,388	48,669
Working capital (deficiency) - beginning of year	(<u>261,668</u>)	(<u>310,337</u>)
WORKING CAPITAL (DEFICIENCY) - END OF YEAR	<u>\$237,720</u>	(<u>\$261,668</u>)

CANADIAN DENTAL ASSOCIATION
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 1981

1. SIGNIFICANT ACCOUNTING POLICIES

(a) Inventory

Inventory is stated at the lower of cost and net realizable value.

(b) Depreciation

Furniture and equipment purchased subsequent to January 1, 1979 are expensed when acquired.

Depreciation is provided on the straight line basis as follows:

Building	- 40 years
Building improvements	- 5 years
Furniture and equipment	- 10 years

(c) Revenue Recognition

Membership fees and subscriptions to the Journal are recognized as revenue in the year to which they apply. Grants are recognized as revenue when received.

2. FIXED ASSETS

	1981		1980	
	Cost	Accumulated Depreciation	Net	Net
Land	\$ 82,915	\$ -	\$ 82,915	\$ 82,915
Building	1,376,435	203,134	1,173,301	1,207,712
Building improvements	63,358	20,710	42,648	43,730
Furniture and equipment	88,309	54,884	33,425	41,002
	<u>\$1,611,017</u>	<u>\$278,728</u>	<u>\$1,332,289</u>	<u>\$1,375,359</u>

CANADIAN DENTAL ASSOCIATION
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 1981

3. LONG TERM DEBT

	<u>1981</u>	<u>1980</u>
Mortgage	\$454,094	\$459,729
Current portion	<u>6,000</u>	<u>6,000</u>
	<u>\$448,094</u>	<u>\$453,729</u>

The mortgage is renewable annually and current bears interest at 15.25% per annum.

Schedule A.

CANADIAN DENTAL ASSOCIATION

SCHEDULE OF FEE REVENUE

FOR THE YEAR ENDED DECEMBER 31, 1981

	1981		1980
	Budget	Actual	Actual
Active and affiliate	\$1,535,100	\$1,545,022	\$ 985,565
Associate	6,000	8,400	7,050
Student	20,000	18,480	19,537
Corporate	126,819	134,513	129,904
D.A.T. Program	57,000	58,357	70,600
Accreditation Program	21,500	16,300	25,150
	<u>\$1,766,419</u>	<u>\$1,781,072</u>	<u>\$1,237,806</u>

Schedule B.

SCHEDULE OF OTHER REVENUE

FOR THE YEAR ENDED DECEMBER 31, 1981

	1981		1980
	Budget	Actual	Actual
FDI	\$ 3,000	\$ 9,272	\$ 4,058
Foreign exchange	-	4,419	365
Dental Health Month	15,000	20,392	10,634
Annual convention	-	26,929	11,379
Miscellaneous	-	276	1,967
	<u>\$ 18,000</u>	<u>\$ 61,288</u>	<u>\$ 28,403</u>

Schedule C.

CANADIAN DENTAL ASSOCIATION
 SCHEDULE OF JOURNAL OPERATIONS
 FOR THE YEAR ENDED DECEMBER 31, 1981

	1981		1980
	<u>Budget</u>	<u>Actual</u>	<u>Actual</u>
REVENUE			
Advertising	\$325,000	\$300,744	\$268,985
Subscriptions	11,200	14,029	10,419
Reprints	<u>1,500</u>	<u>539</u>	<u>5,716</u>
	337,700	315,312	285,120
EXPENSES			
Agency commission	51,000	46,110	36,836
Salaries and benefits	42,550	38,425	42,020
Printing	222,000	209,167	172,528
Shipping	10,000	10,795	11,648
Postage	43,500	38,100	37,406
Travel	3,500	3,960	1,745
Translation	5,000	10,201	5,612
Sundry	2,000	4,995	2,677
Brokerage	500	98	195
Circulation audit	2,500	952	1,061
Reprints	1,500	533	6,371
Scientific editors	11,000	6,300	9,860
Telephone	1,500	2,959	2,172
Bad debts	<u>-</u>	<u>4,398</u>	<u>4,463</u>
	396,550	376,993	334,594
EXCESS OF EXPENSES OVER REVENUE FOR THE YEAR	(\$ 58,850)	(\$ 61,681)	(\$ 49,474)

Schedule D.

CANADIAN DENTAL ASSOCIATION
 SCHEDULE OF GENERAL AND ADMINISTRATION EXPENSES
 FOR THE YEAR ENDED DECEMBER 31, 1981

	<u>1981</u>		<u>1980</u>
	<u>Budget</u>	<u>Actual</u>	<u>Actual</u>
Office equipment	\$ 30,000	\$ 26,762	\$ 18,808
Insurance	7,700	7,767	9,957
Stationery and supplies	18,000	19,476	13,829
Postage	40,000	21,451	22,390
Shipping and delivery	7,500	14,815	8,887
Telephone	25,500	45,353	25,159
Translation	13,000	5,240	9,148
Data processing	30,000	28,343	29,315
Printing	40,000	39,249	37,579
Professional fees	38,000	40,282	33,990
Grants	17,000	28,719	10,840
Press clippings	1,000	1,035	974
General	16,000	17,325	24,693
Bad debts	-	797	-
	<u>\$283,700</u>	<u>\$296,614</u>	<u>\$245,569</u>

Schedule E.

SCHEDULE OF OTHER PUBLICATIONS EXPENSES
 FOR THE YEAR ENDED DECEMBER 31, 1981

	<u>1981</u>		<u>1980</u>
	<u>Budget</u>	<u>Actual</u>	<u>Actual</u>
Pamphlets	\$ 40,000	\$ 37,601	\$ 27,203
Film distribution program	2,000	3,634	3,080
Newsletter	15,000	10,578	12,206
	<u>\$ 57,000</u>	<u>\$ 51,813</u>	<u>\$ 42,489</u>

Schedule F.

CANADIAN DENTAL ASSOCIATION
 SCHEDULE OF TRAVEL AND MEETINGS EXPENSES
 FOR THE YEAR ENDED DECEMBER 31, 1981

	1981		1980
	Budget	Actual	Actual
Board of Governors	\$ 45,000	\$ 44,772	\$ 41,761
Executive Council:			
Executive Council	25,000	26,941	37,168
Management Committee	22,000	28,948	25,838
Product Acceptance	4,000	5,511	2,174
Membership Committee	2,000	207	-
Taxation Committee	1,000	1,582	40
President's Expense	20,000	29,191	25,626
Editorial Board	1,000	1,911	968
Council on Dental Materials and Devices	8,500	6,717	6,750
Council on Education	20,000	16,218	23,824
Council on Ethics	5,400	-	3,895
Council on Health Care	14,000	13,608	14,920
Council on Hospital Services	9,000	5,213	4,818
Council on Student Affairs	8,500	11,608	8,390
Council on Information Services	6,000	6,498	4,256
Council on Constitution and By-laws	1,700	-	-
	193,100	198,925	200,428
Staff travel	33,500	38,513	26,279
Presidents' and Chief Executive Officers' meeting	1,000	-	4,487
	227,600	237,438	231,294
Conference on Priorities	-	22,129	-
Manpower Study	-	15,584	-
Ad Hoc Committee on Alternate Delivery Systems	-	1,656	-
Ad Hoc Committee on Licensing	-	5,065	-
Media Workshop	-	8,910	-
	<u>\$227,600</u>	<u>\$290,782</u>	<u>\$231,294</u>

CANADIAN DENTAL ASSOCIATION
SUPPLEMENTARY TO THE AUDITED STATEMENTS

Anticipating the possibility of further information being required after the review of the financial statements, the following explanations are offered as Notes.

BALANCE SHEET, PAGE 1

ASSETS

CASH/DEPOSIT
CERTIFICATE:

With the establishment of a corporate investment account in September, 1981, the balance shown as cash is earning the term deposit 30-59 interest rate on our minimum monthly balance plus, the bank prime rate minus 3.5% on our average monthly balance. This arrangement allows earning high rates of interest and eliminates:

- (1) The need for cash flow planning to established maturity dates.
- (2) The incurring of interest penalties for prior redemption of term deposits.

The deposit certificate reflects the unrecalled balance of the 1981 term deposit actions.

PREPAID EXPENSES: Balance in this account represents:

- (1) Policy of amortizing insurance cost over 12 month period of insurance agreements renewed in February and July of each year.
- (2) Entries necessary to carry expenses to Budget allocations, i.e. National Dental Health Month, Membership campaign, Convention expense.

TRUST ASSETS

LIBRARY BOOKS
& FURNITURE:

The Library assets account and the corresponding depreciation account were reviewed. As the market value of the Library is undeterminable and, because the high interest income in 1981 allows the write-down of the recorded cost; the decision was made to carry the asset at a nominal amount and expense future additions as acquired. This decision follows the established CDA Furniture and Equipment Policy and is an acceptable accounting practice.

LIABILITIES

DEFERRED REVENUE: Revenue received in 1981 for 1982 membership services and programs:

- (1) Quebec & Ontario memberships.
- (2) Journal subscriptions.
- (3) Journal advertising.
- (4) National Dental Health Month receipts.
- (5) DAT Test, March 1982.

CURRENT PORTION OF

LONG TERM DEBT: Records the portion of mortgage principal expected to be paid in 1982.

TRUST LIABILITIES

ACCOUNTS PAYABLE:

Each year an amount is set up to record the Grieve Memorial Trust payment. At the request of the President of the CAO the Grieve investments were reviewed and the yearly grant was increased to \$500 to reimburse the travel expenses incurred by the Grieve Memorial Lecturers. The capital account is reduced slightly for 1981 and 1982. The current interest on these bonds due 1983 is 4.5%. Reinvestment at the present rates of interest will provide a good recovery to the capital account.

APPENDIX A (i)

CANADIAN DENTAL ASSOCIATION
SUPPLEMENTARY TO THE AUDITED STATEMENTS

SCHEDULE OF GENERAL AND ADMINISTRATION EXPENSES, PAGE 10

GRANTS

FDI Subscription	\$ 7,641
Grants - CFDE, ACFD, CSA	9,900
Student Receptions	5,975
Mercury Study	2,000
Travel, Expense re Health & Welfare Meeting '80	1,935
Gifts, Certificates, Plaques	<u>1,268</u>
	<u>\$28,719</u>

GENERAL

Subscriptions	\$ 300
Depreciation - Furniture & Fixtures	7,577
Miscellaneous Office Expenses	9,025
Personnel Advertising	<u>423</u>
	<u>\$17,325</u>

Miscellaneous Office Expenses includes: Promotion & Photography;
Flowers; Coffee Expense;
Employee Christmas Party
and numerous small charges
not identifiable to a
specific account.

APPENDIX A (i)

CANADIAN DENTAL ASSOCIATION
ADDITIONAL INFORMATION/FINANCIAL YEAR END

	ACTIVE		CORPORATE	
	1981 Actual	1981 Budget	1981 Actual	1981 Budget
1981 FEE ANALYSIS				
<u>BY PROVINCE</u>				
British Columbia	\$ 334,362	\$ 310,000	\$ 22,451	\$ 20,150
Alberta	196,500	193,000	13,111	12,545
Saskatchewan	58,759	57,000	4,695	3,705
Manitoba	81,570	84,000	6,778	5,460
Ontario	500,525	520,000	53,416	51,000
Quebec	234,300	240,000	25,040	25,600
New Brunswick	33,800	32,600	2,795	2,119
Nova Scotia	61,787	62,000	4,017	4,030
Prince Edward Island	8,000	9,000	546	585
Newfoundland	25,400	25,000	1,664	1,625
North West Territories	1,200	-	-	-
	<u>\$1,536,203</u>	<u>\$1,532,600</u>	<u>\$ 134,513</u>	<u>\$ 126,819</u>
Affiliate 1)	8,819	-	-	-
	<u>\$1,545,022</u>	<u>\$1,532,600</u>	<u>\$ 134,513</u>	<u>\$ 126,819</u>

BREAKDOWN OF PROVINCIAL MEMBERSHIP
AS AT DECEMBER 31, 1981

	<u>Active & Affiliate</u>	<u>Associate</u>	<u>Corporate</u>	
British Columbia	1,727	7	1,727	
Alberta	1,057		1,057	
Saskatchewan	324		324	
Manitoba	429	2	429	
Ontario	2,526	60	4,600	RCDS
			3,802	ODA
Quebec	1,212	28	2,080	ODQ
			2,020	QDSA
New Brunswick	186	12	215	
Nova Scotia	309	6	309	
Prince Edward Island	39		42	
Newfoundland	127	-	127	
1981 MEMBERSHIP	<u>7,936</u>	<u>115</u>		
1981 STUDENT MEMBERS	1,848			

1) Added to Audit Statements 1981 breakdown:

Ontario \$1,800
Quebec \$4,600
Other \$2,419

APPENDIX A (i)

CANADIAN DENTAL ASSOCIATION
ADDITIONAL INFORMATION/FINANCIAL YEAR END

<u>PER DIEMS</u>	<u>1981</u>		<u>1980</u>
	Budget	Actual	Actual
Executive Council	\$ 23,000	\$ 39,866	\$ 28,937
Management Committee	25,000	37,314	37,115
Product Acceptance Committee	-	-	-
Membership Committee	1,500	450	-
Taxation Committee	1,250	1,084	-
President's Expense	23,500	23,697	29,655
Editorial Board	-	-	462
Constitution & By-Laws	1,000	400	-
Dental Materials & Devices	1,500	1,000	1,300
Council on Education	3,000	1,500	1,600
DAT Committee	-	1,650	400
Continuing Education	-	-	-
Council on Ethics	2,000	-	1,750
Council on Health Care	2,500	2,250	2,150
Council on Hospital Services	2,500	1,600	2,350
Council on Information Services	1,500	2,350	1,000
Council on Nominations	500	-	-
Council on Student Affairs	1,500	3,250	1,300
Board of Governors	20,000	20,587	19,894
Presidents & CEOs	1,000	-	562
	<u>\$ 111,250</u>	<u>\$ 136,998</u>	<u>\$ 128,475</u>
Honoraria	32,000	32,000	26,670
	<u>\$ 143,250</u>	<u>\$ 168,998</u>	<u>\$ 155,145</u>

President's Expense is for travel and meeting days extra to the amounts budgeted for his attendance at Executive Council and Management Committee meetings.

Management Committee budgeted at 6 x 1 day meetings per year at \$950 per meeting - \$5,700. Balance is travel on behalf of the Association.

Executive Council meetings cost \$2,750 per day in Per Diems times 2 days x 4 meetings for a total of \$22,000. Prior to 1982 budget projection travel time to meetings was not costed. 1982 Budget allows for 1 day's travel for each attendance at each meeting adding \$11,000 to the Per Diem cost. 1982 Budget amount is \$35,000. Excess to this amount would be for those occasions when the Association is represented at an outside event by an Executive Council member.

Council on Education/DAT Committee: prior to 1982 budget projection these per diems were costed under Council on Education.

APPENDIX A (i)

CANADIAN DENTAL ASSOCIATION
ADDITIONAL INFORMATION/FINANCIAL YEAR END

PROPERTY MANAGEMENT	1981		1980
	Budget	Actual	Actual
Depreciation, Expense/Building & Leasehold Improvements	\$ 37,000	\$ 49,719	\$ 37,112
Insurance	2,000	3,391	2,839
Light, Heat & Water	36,000	27,130	29,400
Mortgage & Interest	65,000	66,204	59,772
Realty Tax	45,000	35,638	30,870
Repair & Maintenance:			
Labour	10,000	12,170	12,000
Grounds	2,000	3,995	1,300
Supplies	3,000	3,962	2,641
Mechanical Equipment	13,000	19,448	17,004
Miscellaneous	2,000	4,040	1,779
	<u>\$ 215,000</u>	<u>\$ 225,697</u>	<u>\$ 194,717</u>

1981 Actual Depreciation Expense variance due to capitalizing expenditure increasing value of asset over life of improvement, i.e. layby in front of Building, 1980, and first floor renovations, 1981.

Mortgage due for renewal February 28, 1982.
Budgeted percentage was 18% for renewal.

Realty Tax variance due to budgeted amount for increase expected from provincial re-assessment not materializing.

CDA Rental per sq. ft. based on difference between expense and rental income:
 \$112,383 rental income
 \$225,697 expense
 \$113,314 ÷ 9,900 sq. ft. - \$11.45 for 1981.

There are two leases to be renewed in 1982 presently leased at \$9.00 and at \$8.00 a sq. ft. Proposed increase is to \$11.00 per sq. ft:

970 sq. ft. @ \$11.00 -	\$10,670	presently \$ 8,730
918 sq. ft. @ \$11.00 -	\$10,098	presently \$ 7,344
	<u>\$20,768</u>	<u>\$16,074</u>

A total of \$4,694 per year increase or approx. 30%.

L'ASSOCIATION DENTAIRE CANADIENNE
ETATS FINANCIERS
LE 31 DECEMBRE 1981

McCAY, DUFF & COMPANY

CHARTERED ACCOUNTANTS

ELOREN E. McCONNELL, C.A.
JOHN W. FRANKLIN, C.A.
THOMAS W. HOWARTH, C.A.
BRYAN E. SULLIVAN, C.A.
ALBERT G. MONSIEUR, B.A.D.M., C.A.
BLAIR E. DAVIDSON, B.COMM., C.A.

330 McLEOD ST.
OTTAWA, ONT.
K2P 2C5
PHONE 236-2367

RAPPORT DES VERIFICATEURS

Aux membres de
L'Association Dentaire
Canadienne

Nous avons vérifié le bilan de l'Association Dentaire Canadienne au 31 décembre 1981 ainsi que l'état des résultats et du surplus, les états des résultats et du surplus des fonds en fiducie pour la bibliothèque et du fonds "Grieve Memorial Lectureship" et l'état de l'évolution de la situation financière de l'exercice terminé à cette date. Notre vérification a été effectuée conformément aux normes de vérification généralement reconnues, et a comporté par conséquent les sondages et autres procédés que nous avons jugés nécessaires dans les circonstances.

A notre avis, ces états financiers présentent fidèlement la situation financière de l'Association au 31 décembre 1981 ainsi que les résultats de son exploitation et l'évolution de sa situation financière pour l'exercice terminé à cette date selon les principes comptables généralement reconnus, appliqués de la même manière qu'au cours de l'exercice précédent.

McCay Duff & Co

Comptables agréés.

Ottawa, Ontario,
1e 21 janvier 1982.

APPENDIX A (i)

L'ASSOCIATION DENTAIRE CANADIENNE

BILAN

AU 31 DECEMBRE 1981

	ACTIFS	1981	1980
ACTIF A COURT TERME			
Encaisse		\$ 545,764	\$ 91,937
Certificats de dépôt		200,000	150,000
Comptes à recevoir		66,591	101,795
Inventaire (note 1)		45,169	31,973
Frais payés d'avance		25,025	17,173
		<u>882,549</u>	<u>392,878</u>
ACTIF IMMOBILISE (notes 1 et 2)		<u>1,332,289</u>	<u>1,375,359</u>
		<u>2,214,838</u>	<u>1,768,237</u>
	ACTIFS DU FONDS EN FIDUCIE		
Encaisse		58,380	53,507
Bons et certificat de dépôt		5,343	5,343
Somme à recevoir de l'Association Dentaire Canadienne		-	847
Livres de la bibliothèque et mobilier (à la valeur nominale)		1	3,339
		<u>63,724</u>	<u>63,036</u>
		<u>\$2,278,562</u>	<u>\$1,831,273</u>
	PASSIFS		
PASSIF A COURT TERME			
Comptes à payer		\$ 50,420	\$ 73,255
Revenu reporté		588,409	574,444
Somme à payer aux fonds en fiducie		-	847
Partie courante de la dette à long terme		6,000	6,000
		<u>644,829</u>	<u>654,546</u>
DETTE A LONG TERME (note 3)		448,094	453,729
	SURPLUS		
		1,121,915	659,962
		<u>2,214,838</u>	<u>1,768,237</u>
	PASSIFS DU FONDS EN FIDUCIE		
Comptes à payer		500	300
Fonds en fiducie pour la bibliothèque		57,455	56,666
Le fonds "Grieve Memorial Lectureship"		5,769	6,070
		<u>63,724</u>	<u>63,036</u>
		<u>\$2,278,562</u>	<u>\$1,831,273</u>

Approuvé au nom du conseil
d'administration:

Président

33

Directeur exécutif

L'ASSOCIATION DENTAIRE CANADIENNE
 ETAT DES RESULTATS ET DU SURPLUS
 POUR L'EXERCICE SE TERMINANT LE 31 DECEMBRE 1981

	1981		1980
	Budget	Réel	Réel
REVENUS			
Cotisations (annexe A)	\$1,766,419	\$1,781,072	\$1,237,806
Dons	36,500	45,185	44,326
Journal (annexe C)	337,700	315,312	285,120
Publications	30,000	42,331	40,594
Intérêts	25,000	104,902	19,754
Location	106,961	112,383	107,021
Autre (annexe B)	18,000	61,288	28,403
	<u>2,320,580</u>	<u>2,462,473</u>	<u>1,763,024</u>
DEPENSES			
Honoraires et indemnités quotidiennes	143,250	168,998	155,145
Salaires et bénéfices	448,350	458,949	408,764
Frais généraux et administratifs (annexe D)	283,700	296,614	245,569
Conférences	29,000	48,178	30,946
Journal (annexe C)	396,550	376,993	334,594
Autres publications (annexe E)	57,000	51,813	42,489
Publicité institutionnelle	15,000	-	-
Frais de voyage et réunions (annexe F)	227,600	290,782	231,294
Gestion d'immeubles	215,000	225,697	194,717
Le mois de la santé dentaire	30,000	29,028	24,510
Les visites d'agrément	25,700	15,009	24,275
Le programme du test d'aptitudes dentaires	34,400	38,459	25,487
	<u>1,905,550</u>	<u>2,000,520</u>	<u>1,717,790</u>
EXCEDANT DES REVENUS SUR LES DEPENSES POUR L'EXERCICE	415,030	461,953	45,234
Surplus au début de l'exercice	659,962	659,962	614,728
SURPLUS A LA FIN DE L'EXERCICE	<u>\$1,074,992</u>	<u>\$1,121,915</u>	<u>\$ 659,962</u>

APPENDIX A (i)

L'ASSOCIATION DENTAIRE CANADIENNE
FONDS EN FIDUCIE POUR LA BIBLIOTHEQUE
ETAT DES RESULTATS ET DU SURPLUS
POUR L'EXERCICE SE TERMINANT LE 31 DECEMBRE 1981

	<u>1981</u>	<u>1980</u>
REVENUS		
Intérêts	\$ 9,648	\$ 4,760
DEPENSES		
Reliure	67	164
Amortissement des livres et du mobilier	4,965	774
Abonnements	524	692
Fournitures et services	<u>3,303</u>	<u>-</u>
	<u>8,859</u>	<u>1,630</u>
EXCEDENT DES REVENUS SUR LES DEPENSES POUR L'EXERCICE	789	3,130
Surplus au début de l'exercice	<u>56,666</u>	<u>53,536</u>
SURPLUS A LA FIN DE L'EXERCICE	<u>\$57,455</u>	<u>\$56,666</u>

APPENDIX A (i)

L'ASSOCIATION DENTAIRE CANADIENNE
LE FONDS "GRIEVE MEMORIAL LECTURESHIP"
ETAT DES RESULTATS ET DU SURPLUS
POUR L'EXERCICE SE TERMINANT LE 31 DECEMBRE 1981

	<u>1981</u>	<u>1980</u>
REVENUS		
Intérêts	\$ 399	\$ 305
DEPENSES		
Don à la section des orthodontistes de l'Association Dentaire Canadienne	<u>700</u>	<u>300</u>
EXCEDANT DES REVENUS SUR LES DEPENSES (DEPENSES SUR LES REVENUS) POUR L'EXERCICE	(301)	5
Surplus au début de l'exercice	<u>6,070</u>	<u>6,065</u>
SURPLUS A LA FIN DE L'EXERCICE	<u>\$5,769</u>	<u>\$6,070</u>

APPENDIX A (i)

L'ASSOCIATION DENTAIRE CANADIENNE
 ETAT DE L'EVOLUTION DE LA SITUATION FINANCIERE
 POUR L'EXERCICE SE TERMINANT LE 31 DECEMBRE 1981

	<u>1981</u>	<u>1980</u>
PROVENANCE DES FONDS		
Opérations		
Excédent des revenus sur les dépenses pour l'exercice	\$461,953	\$ 45,234
Item n'impliquant aucune sortie de fonds - amortissement	<u>57,296</u>	<u>44,688</u>
	519,249	89,922
UTILISATION DES FONDS		
Acquisition d'actifs immobilisés	14,226	35,627
Remboursement de la dette à long terme	<u>5,635</u>	<u>5,626</u>
	<u>19,861</u>	<u>41,253</u>
AGUMENTATION (DIMINUTION) DU FONDS DE ROULEMENT	499,388	48,669
Fonds de roulement (déficitaire) au début de l'exercice	(261,668)	(310,337)
FONDS DE ROULEMENT (DEFICITAIRE) A LA FIN DE L'EXERCICE	<u>\$237,720</u>	<u>(\$261,668)</u>

L'ASSOCIATION DENTAIRE CANADIENNE

NOTES AUX ETATS FINANCIERS

POUR L'EXERCICE SE TERMINANT LE 31 DECEMBRE 1981

1. PRINCIPALES CONVENTIONS COMPTABLES

(a) Inventaire

L'inventaire est évalué au plus bas du prix coûtant et de la valeur nette probable de réalisation.

(b) Amortissement

Le mobilier et l'équipement acheté après le premier janvier 1979 est imputé à la dépense au moment de l'achat.

L'actif immobilisé est amorti selon la méthode linéaire.

Immeubles	- 40 ans
Améliorations locatives	- 5 ans
Mobilier et équipement	- 10 ans

(c) Réalisation des revenus

Les revenus de cotisations et d'abonnements sont reconnus dans l'année aux quels ils se rapportent alors que les subventions sont reconnus comme revenus sur une base de caisse.

2. ACTIF IMMOBILISE

	1981		1980	
	Coût	Amortissement Accumulé	Valeur Nette	Valeur Nette
Terrain	\$ 82,915	\$ -	\$ 82,915	\$ 82,915
Immeubles	1,376,435	203,134	1,173,301	1,207,712
Améliorations locatives	63,358	20,710	42,648	43,730
Mobilier et équipement	88,309	54,884	33,425	41,002
	<u>\$1,611,017</u>	<u>\$278,728</u>	<u>\$1,332,289</u>	<u>\$1,375,359</u>

L'ASSOCIATION DENTAIRE CANADIENNE
 NOTES AUX ETATS FINANCIERS
 POUR L'EXERCICE SE TERMINANT LE 31 DECEMBRE 1981

3. DETTE A LONG TERME

	<u>1981</u>	<u>1980</u>
Hypothèque	\$454,094	\$459,729
Partie courante de la dette à long terme	<u>6,000</u>	<u>6,000</u>
	<u>\$448,094</u>	<u>\$453,729</u>

L'hypothèque est renégociable chaque année. Le taux d'intérêt est actuellement de 15,25% par année.

Annexe A.

L'ASSOCIATION DENTAIRE CANADIENNE

TABLEAU DES COTISATIONS

POUR L'EXERCICE SE TERMINANT LE 31 DECEMBRE 1981

	1981		1980
	Budget	Réel	Réel
Membres actifs et affiliés	\$1,535,100	\$1,545,022	\$ 985,565
Membres associés	6,000	8,400	7,050
Etudiants	20,000	18,480	19,537
Membres corporatifs	126,819	134,513	129,904
Le programme du test d'aptitudes dentaires	57,000	58,357	70,600
Le programme d'agrément	21,500	16,300	25,150
	<u>\$1,766,419</u>	<u>\$1,781,072</u>	<u>\$1,237,806</u>

Annexe B.

TABLEAU DES AUTRES REVENUS

POUR L'EXERCICE SE TERMINANT LE 31 DECEMBRE 1981

	1981		1980
	Budget	Réel	Réel
FDI	\$ 3,000	\$ 9,272	\$ 4,058
Echange	-	4,419	365
Le mois de la santé dentaire	15,000	20,392	10,634
Convention annuelle	-	26,929	11,379
Divers	-	276	1,967
	<u>\$ 18,000</u>	<u>\$ 61,288</u>	<u>\$ 28,403</u>

Annexe C.

L'ASSOCIATION DENTAIRE CANADIENNE

TABLEAU DES FRAIS DU JOURNAL

POUR L'EXERCICE SE TERMINANT LE 31 DECEMBRE 1981

	1981		1980
	Budget	Réel	Réel
REVENUS			
Publicité	\$325,000	\$300,744	\$268,985
Souscriptions	11,200	14,029	10,419
Réimpressions	1,500	539	5,716
	337,700	315,312	285,120
DEPENSES			
Commission à l'agence	51,000	46,110	36,836
Salaires et avantages	42,550	38,425	42,020
Impression	222,000	209,167	172,528
Expédition	10,000	10,795	11,648
Timbres	43,500	38,100	37,406
Frais de voyage	3,500	3,960	1,745
Traduction	5,000	10,201	5,612
Divers	2,000	4,995	2,677
Frais de courtage	500	98	195
Vérification de la circulation	2,500	952	1,061
Réimpression	1,500	533	6,371
Editeurs scientifiques	11,000	6,300	9,860
Téléphone	1,500	2,959	2,172
Mauvaises créances	-	4,398	4,463
	396,550	376,993	334,594
EXCEDENT DES DEPENSES SUR LES REVENUS POUR L'EXERCICE	(\$ 58,850)	(\$ 61,681)	(\$ 49,474)

Annexe D.

L'ASSOCIATION DENTAIRE CANADIENNE
TABLEAU DES FRAIS GENERAUX ET ADMINISTRATIFS
POUR L'EXERCICE SE TERMINANT LE 31 DECEMBRE 1981

	1981		1980
	Budget	Réel	Réel
Equipement de bureau	\$ 30,000	\$ 26,762	\$ 18,808
Assurance	7,700	7,767	9,957
Fournitures et papeterie	18,000	19,476	13,829
Timbres	40,000	21,451	22,390
Livraison et expédition	7,500	14,815	8,887
Téléphone	25,500	45,353	25,159
Traduction	13,000	5,240	9,148
Traitement des données	30,000	28,343	29,315
Impression	40,000	39,249	37,579
Honoraires professionnels	38,000	40,282	33,990
Subventions	17,000	28,719	10,840
Coupures de journaux	1,000	1,035	974
Général	16,000	17,325	24,693
Mauvaises créances	-	797	-
	<u>\$283,700</u>	<u>\$296,614</u>	<u>\$245,569</u>

Annexe E.

TABLEAU DES FRAIS DES AUTRES PUBLICATIONS
POUR L'EXERCICE SE TERMINANT LE 31 DECEMBRE 1981

	1981		1980
	Budget	Réel	Réel
Pamphlets	\$ 40,000	\$ 37,601	\$ 27,203
Programme de distribution des films	2,000	3,634	3,080
Lettres d'information	<u>15,000</u>	<u>10,578</u>	<u>12,206</u>
	<u>\$ 57,000</u>	<u>\$ 51,813</u>	<u>\$ 42,489</u>

APPENDIX A (i)

Annexe F.

L'ASSOCIATION DENTAIRE CANADIENNE

TABLEAU DES FRAIS DE VOYAGE ET DE REUNION
POUR L'EXERCICE SE TERMINANT LE 31 DECEMBRE 1981

	1981		1980
	Budget	Réel	Réel
Conseil d'administration	\$ 45,000	\$ 44,772	\$ 41,761
Conseil exécutif:			
Conseil exécutif	25,000	26,941	37,168
Comité de gestion	22,000	28,948	25,838
Acceptation du produit	4,000	5,511	2,174
Comité	2,000	207	-
Comité fiscal	1,000	1,582	40
Frais du président	20,000	29,191	25,626
Conseil éditorial	1,000	1,911	968
Conseil des matériaux et			
appareils dentaires	8,500	6,717	6,750
Conseil d'éducation	20,000	16,218	23,824
Conseil d'éthique	5,400	-	3,895
Conseil de la santé	14,000	13,608	14,920
Conseil des services hospitaliers	9,000	5,213	4,818
Conseil des affaires étudiantes	8,500	11,608	8,390
Conseil d'information	6,000	6,498	4,256
Conseil des status et règlements	1,700	-	-
	193,100	198,925	200,428
Frais de voyage du personnel	33,500	38,513	26,279
Rencontre des présidents et des officiers en chef	1,000	-	4,487
	227,600	237,438	231,294
Conférence sur les priorités	-	22,129	-
Etude de la main d'oeuvre	-	15,584	-
Comité - moyens alternatifs de livraison	-	1,656	-
Comité émission des licences	-	5,065	-
Etudes - médias	-	8,910	-
	<u>\$227,600</u>	<u>\$290,782</u>	<u>\$231,294</u>

THE CANADIAN DENTAL RESEARCH FOUNDATION
FINANCIAL STATEMENTS
DECEMBER 31, 1981

McCAY, DUFF & COMPANY

CHARTERED ACCOUNTANTS

ELDREN E. McCONNELL, C.A.
JOHN W. FRANKLIN, C.A.
THOMAS W. HOWARTH, C.A.
BRYAN E. SULLIVAN, C.A.
ALBERT G. MONSIEUR, B.Adm., C.A.
BLAIR E. DAVIDSON, B.COMM., C.A.

330 McLEOD ST.
OTTAWA, ONT.
K2P 2C5
PHONE 236-2367

AUDITORS' REPORT

To the Members,
The Canadian Dental Research
Foundation.

We have prepared the balance sheet of The Canadian Dental Research Foundation as at December 31, 1981 and the statements of current account revenue and expense and surplus and capital account surplus for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as we considered necessary in the circumstances.

In our opinion, these financial statements present fairly the financial position of the Foundation as at December 31, 1981 and the results of its operations for the year then ended in accordance with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

McCay Duff & Co

Chartered Accountants.

Ottawa, Ontario,
January 21, 1982.

THE CANADIAN DENTAL RESEARCH FOUNDATION

BALANCE SHEET

AS AT DECEMBER 31, 1981

	ASSETS	1981	1980
CURRENT ACCOUNT			
Cash		\$ 640	\$ -
Term deposit		5,000	-
Due from Canadian Dental Association		-	4,666
Accrued interest		700	508
		<u>6,340</u>	<u>5,174</u>
CAPITAL ACCOUNT			
Investments, at cost (market value \$16,640, 1980 \$15,650)		<u>19,488</u>	<u>19,488</u>
		<u>\$25,828</u>	<u>\$24,662</u>

LIABILITY

CURRENT ACCOUNT			
Due to Canadian Dental Association		\$ 357	\$ -

SURPLUS

CURRENT ACCOUNT	5,983	5,174
CAPITAL ACCOUNT	<u>19,488</u>	<u>19,488</u>
	<u>\$25,828</u>	<u>\$24,662</u>

Approved on behalf of the Board:

President_____
Executive Director

THE CANADIAN DENTAL RESEARCH FOUNDATION
STATEMENT OF CURRENT ACCOUNT REVENUE AND EXPENSE AND SURPLUS
FOR THE YEAR ENDED DECEMBER 31, 1981

	<u>1981</u>	<u>1980</u>
REVENUE		
Interest	\$2,009	\$1,485
EXPENSE		
Annual award	<u>1,200</u>	<u>1,200</u>
EXCESS OF REVENUE OVER EXPENSE FOR THE YEAR	809	285
Surplus - beginning of year	<u>5,174</u>	<u>4,889</u>
SURPLUS - END OF YEAR	<u>\$5,983</u>	<u>\$5,174</u>

STATEMENT OF CAPITAL ACCOUNT SURPLUS
FOR THE YEAR ENDED DECEMBER 31, 1981

SURPLUS - BEGINNING AND END OF YEAR	<u>\$19,488</u>	<u>\$19,488</u>
--	-----------------	-----------------

THE CANADIAN DENTAL RESEARCH FOUNDATION

SCHEDULE OF INVESTMENTS

AS AT DECEMBER 31, 1981

	<u>Cost</u>
\$5,450 Canada 4.5% bonds, due September 1, 1983	\$ 5,376
\$7,000 Canada Permanent Mortgage Corporation, 8.75% debenture, due February 21, 1982	7,000
\$5,000 Hydro-Electric Power Commission of Ontario 9% bonds, due April 1, 1994	5,180
\$2,000 Province of Ontario 9% debentures, due July 1, 1998	<u>1,932</u>
	<u>\$19,488</u>

LA FONDATION CANADIENNE DE RECHERCHES DENTAIRES
ETATS FINANCIERS
LE 31 DECEMBRE 1981

McCAY, DUFF & COMPANY

CHARTERED ACCOUNTANTS

ELDER E. MCCONNELL, C.A.
JOHN W. FRANKLIN, C.A.
THOMAS W. HOWARTH, C.A.
BRYAN E. SULLIVAN, C.A.
ALBERT G. MONSOUR, B.A.D.M., C.A.
BLAIR E. DAVIDSON, B.COMM., C.A.

330 MCLEOD ST.
OTTAWA, ONT.
K2P 2C5
PHONE 238-2367

RAPPORT DES VERIFICATEURS

Aux membres de
La Fondation Canadienne de
Recherches Dentaires.

Nous avons vérifié le bilan de la Fondation Canadienne de Recherches Dentaires au 31 décembre 1981 ainsi que l'état des résultats et du surplus du compte courant et l'état de surplus du compte capital pour l'exercice terminé à cette date. Notre vérification a été effectuée conformément aux normes de vérification généralement reconnues, et a comporté par conséquent les sondages et autres procédés que nous avons jugés nécessaires dans les circonstances.

A notre avis, ces états financiers présentent fidèlement la situation financière de la Fondation au 31 décembre 1981 ainsi que les résultats de son exploitation pour l'exercice terminé à cette date selon les principes comptables généralement reconnus, appliqués de la même manière qu'au cours de l'exercice précédent.

McCay Duff & Co

Comptables agréés.

Ottawa, Ontario,
le 21 janvier 1982.

LA FONDATION CANADIENNE DE RECHERCHES DENTAIRES

BILAN

AU 31 DECEMBRE 1981

	ACTIF	1981	1980
COMPTE COURANT			
Encaisse		\$ 640	\$ -
Certificats de dépôts		5,000	-
Somme à recevoir de L'Association Dentaire Canadienne		-	4,666
Intérêt couru		700	508
		<u>6,340</u>	<u>5,174</u>
COMPTE CAPITAL			
Investissements, au coût (valeur du marché \$16,640, \$15,650 en 1980)		19,488	19,488
		<u>\$25,828</u>	<u>\$24,662</u>
	PASSIF		
COMPTE COURANT			
Somme à payer à L'Association Dentaire Canadienne		\$ 357	\$ -
	SURPLUS		
COMPTE COURANT		5,983	5,174
COMPTE CAPITAL		19,488	19,488
		<u>\$25,828</u>	<u>\$24,662</u>

Approuvé au nom du conseil d'administration:

Président_____
Directeur Exécutif

APPENDIX A (ii)

LA FONDATION CANADIENNE DE RECHERCHES DENTAIRES
 ETAT DES RESULTATS ET DU SURPLUS DU COMPTE COURANT
 POUR L'EXERCICE SE TERMINANT LE 31 DECEMBRE 1981

	<u>1981</u>	<u>1980</u>
REVENUS		
Intérêts	\$2,009	\$1,485
DEPENSES		
Prix Annuel	<u>1,200</u>	<u>1,200</u>
EXCEDANT DES REVENUS SUR LES DEPENSES POUR L'EXERCICE	809	285
Surplus au début de l'exercice	<u>5,174</u>	<u>4,889</u>
SURPLUS A LA FIN DE L'EXERCICE	<u>\$5,983</u>	<u>\$5,174</u>

ETAT DU SURPLUS DU COMPTE CAPITAL
 POUR L'EXERCICE SE TERMINANT LE 31 DECEMBRE 1981

SURPLUS AU DEBUT ET A LA FIN DE L'EXERCICE	<u>\$19,488</u>	<u>\$19,488</u>
---	-----------------	-----------------

LA FONDATION CANADIENNE DE RECHERCHES DENTAIRES

TABLEAU DES INVESTISSEMENTS

AU 31 DECEMBRE 1981

	<u>Coût</u>
\$5,450 bons du Canada à 4.5%, échus le premier septembre 1983	\$ 5,376
\$7,000 obligation du Canada Permanent Mortgage à 8.75%, échue le 21 février 1982	7,000
\$5,000 bons de l'Hydro-Electric Power Commission de l'Ontario à 9%, échus le premier avril 1994	5,180
\$2,000 obligations de la Province de l'Ontario à 9%, échues le premier juillet 1998	<u>1,932</u>
	<u>\$19,488</u>

REPORT OF THE MEMBERSHIP COMMITTEEDr. Gilbert UtasCDA Membership Chairman

MEMBERS

Dr. Gilbert Utas, Chairman
 Dr. Brad Holmes, Ontario
 Dr. Jean Laporte, Quebec
 Mr. Hubert Drouin, Executive Director
 Miss Ann Hammell, Director of Communications
 Mrs. Jean Scrimger, Business Manager

1. The Membership Committee met Friday, November 13, 1981.

2. Campaign Report

To January 29, 1982 there have been four mailings in the present membership campaign. Two letters only were directed solely to the voluntary provinces, Ontario and Quebec, and these carried the first and second invoice. The theme for these membership letters was "You owe it to Yourself to Support the Canadian Dental Association."

APPENDIX I

Two mailings were distributed country-wide to alert the profession to the fallout from the November 12 MacEachen budget.

The first membership mailing to Ontario and Quebec dentists November 2, 1981 contained a letter from CDA President, Dr. Donald E. Williams and the first invoice. The low-key letter reported on the CDA commissioned manpower study, the strengthened relations between CDA and the Federal Government, the continuing lobby to return imported dental materials to their duty-free status and, urged membership in CDA.

The second mailing, again from the President, was to the profession Canada-wide the week of November 16, 1981. It provided details on the just-released Federal Budget prepared by the Chairman of the Taxation Committee, Dr. Robert Hicks.

The third mailing to Ontario and Quebec, non-CDA dentists December 2, 1981 was signed jointly by Dr. Brad Holmes of Ontario and Dr. Jean Laporte of Quebec who are running the CDA campaigns in their respective provinces. It contained the second invoice. This letter explained the roles of the co-signers in the membership

APPENDIX B

campaign and urged non-CDA members to contact them directly with any problems related to membership, the CDA or CDA programs. The letter, again low-key, explained that CDA is in "the most beneficial position to guide dental politics in Canada" and urged membership.

The fourth mailing with a covering letter from the President, December 15, 1981, was directed to the entire profession and contained additional information on the November 12 budget prepared by CDA legal advisors McMillan and Binch. In his letter President Williams informed the profession he had already written to Finance Minister MacEachen protesting the tax application on private dental plans.

Both the editorial and a major article are directed to membership in the January 1982 edition of the Journal of the Canadian Dental Association. The editorial by CDA President Dr. Donald Williams is entitled "CDA has the Ear of Government" and the article entitled "CDA Speaks for Canadian Dentists" outlines the objectives, structure and services of the Canadian Dental Association.

Two full-page ads promoting CDA membership, one unilingual English and one bilingual have been used extensively in both provinces throughout the campaign thanks to the co-operation and generosity of the Ontario Dental Association through "Ontario Dentist" and l'Ordre des dentistes du Québec and their publication "Journal dentaire du Québec." The bilingual ad has also run in the CDA Journal. The campaign theme "You Owe it to Yourself to Support the Canadian Dental Association" is the basis of the ad. The ad also points out that in order to be an active member of CDA you must be a member of your provincial association.

APPENDIX II

CDA Board Member Dr. Gary Pitkin will head up the CDA portion of the combined CDA/ODA telephone membership blitz night scheduled for February 2 at ODA headquarters in Toronto. Print-outs of non-CDA members will be distributed to local societies asking that members be called and urged to join the national association.

Similar plans or visits are pending for the province of Quebec.

A comparison of the first 12 weeks' figures as of January 22, 1982 places the 1982 campaign ahead of the 1981 campaign.

APPENDIX III

*You Owe it to
YOURSELF
to Support the*

APPENDIX B
Appendix 1



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE
1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

November 2, 1981

Dear Colleague:

The Canadian Dental Association Annual Membership Campaign is underway, and your invoice detailing member status and fee is enclosed with a return envelope.

Critical challenges are confronting the dental profession today. Chief among them is the increasing concern about dental manpower supply. To meet this challenge the CDA has commissioned a Canada-wide, province by province two-year manpower study to identify, and with the assistance of the Provinces to develop policies to deal with what may be an oversupply situation.

Relations between CDA and the Federal Government continue to strengthen with all three major political parties in the House and Senate and major Federal Departments including Health and Welfare, Finance and Revenue. Indicative of CDA's entrenchment is the strong ongoing lobby aimed at both the political and bureaucratic structures to return imported dental materials to their duty free status. As you are aware, the relationship between CDA and government will be enhanced immeasurably by the soon to be appointed Senior Dental Consultant in the Department of Health and Welfare.

Just as the profession owes it to the public to practice preventive dentistry to stave off extensive restorative procedures - so too do you owe it to yourself to support organized dentistry to protect your interests and your profession.

Numerous CDA Councils and Committees along with staff work diligently on your behalf. They need your support.

Please send your Canadian Dental Association membership cheque today.

Thank you.

Yours sincerely,

Donald E. Williams, DDS
President,
Canadian Dental Association



APPENDIX B

Appendix 1

CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE
1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

DU CABINET DU PRÉSIDENT

le 2 novembre, 1981

Cher collègue:

Dans le cadre de la campagne annuelle de recrutement de l'Association dentaire canadienne, vous trouverez ci-joint un état de compte indiquant le montant et la nature de votre cotisation, ainsi qu'une enveloppe de retour.

De nos jours, la médecine dentaire doit relever d'importants défis dont le principal porte sur la recherche de solutions au problème de la main-d'oeuvre, source d'inquiétude croissante. En ce sens, votre Association a commandé, à la grandeur du pays, une vaste étude qui a pour objet d'établir, d'ici deux ans, s'il y a effectivement surabondance d'effectif d'une province à l'autre, et de jeter les bases d'une politique d'avenir qui sera élaborée avec la participation des provinces.

L'ADC resserre également ses relations avec le gouvernement fédéral, notamment les trois grands partis politiques représentés à la Chambre des Communes et au Sénat, ainsi que les principaux ministères fédéraux, Santé et Bien-être, Finances et Revenu. A titre d'exemple, notons les fortes pressions que l'ADC exerce actuellement sur le plan politique comme administratif pour faire supprimer les droits de douane sur l'importation des matériaux dentaires. Par ailleurs, comme vous le savez, la nomination prochaine d'un conseiller dentaire chez les cadres supérieurs du ministère de la Santé et du Bien-être rehaussera de façon inestimable les rapports entre l'Association et l'administration.

Tout comme la profession se doit, dans l'intérêt du public, de pratiquer une médecine dentaire préventive et de lui épargner ainsi des restaurations coûteuses, ainsi devez-vous, dans votre propre intérêt et celui de la profession, appuyer votre organisation.

Les nombreux conseils et comités de l'ADC de même que son personnel, qui se dévouent de façon assidue pour vous, ont besoin de votre soutien.

N'hésitez donc pas. Envoyez votre adhésion et votre cotisation aujourd'hui-même.

Vous remerciant d'avance de votre diligence, je vous prie d'accepter l'assurance de notre entier dévouement.

Le président,

Donald E. Williams, d.d.s.
L'Association dentaire canadienne



APPENDIX B

Appendix I

CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

November, 1981

IMPACT OF THE 1981 FEDERAL BUDGET

ON THE CANADIAN DENTIST

Dear Colleague,

In the recent federal budget speech, certain proposals and actions directly affect both the practice and personal affairs of the Canadian dentist.

The purpose of this report is to identify the major items of impact on dental practitioners without going into detailed description of general items affecting all Canadian taxpayers.

The following remarks are presented as preliminary information. Legislation establishing specific criteria will be forthcoming in the House of Commons over the next few months. Individuals attempting to apply the information provided in this report to their personal situations should contact their personal chartered accountant, tax lawyer, etc. The purpose of this report is to provide information only from the federal budget.

D.E. Williams, D.D.S.
President

Encl.

RH/ssd

1. DENTAL PRACTICE

(a) Professional Management Companies and Professional Corporations Taxation Rate

- it appears that the taxation rate on profits incurred will remain at 33 1/3 %. Reference to "personal service corporations" requiring full corporate taxation rates is made in the budget speech but no reference is made to changing the status of professional management companies or professional corporations.

- a 12.5 % tax is to be imposed on dividends declared by small business entities whose net income has been taxed at a preferred 25% corporate rate. If such a regulation is to apply to professional management companies and professional corporations whose net income is taxed at 33 1/3 % corporate rate, a rate lower than 12.5% should be utilized in order for equity and fairness to be maintained. CDA will petition the Minister of Finance for this lower rate, if this dividend tax is to apply to dental practices.

(b) Capital Cost Allowance Deductions

- new equipment will only be eligible for 1/2 of the normal rate of Capital Cost Allowance deduction for the year in which the equipment was purchased. Presently, new equipment is eligible for a full year's depreciation regardless of the date of purchase.

- works of art or antiques will no longer be eligible for depreciation write-off. However, works of art produced by living Canadian artists will continue to be eligible for depreciation allowances.

(c) Sale of Dental Practices or any Dental Practice Asset

- in the past, a dentist who sold an asset could avoid paying tax immediately on any capital gain by arranging to receive the sale proceeds over a number of years or by establishing reserves for capital gains so that the taxable portion of the gain could be reported as the proceeds are received.

- dentists will now have to report the full taxable gain in the year in which they dispose of the asset subject to new general averaging provisions. If the full proceeds are not received in the year of the sale, the dentist will be permitted to pay the tax in installments, with interest, over a three year period provided they furnish acceptable security to Revenue Canada.

(d) Dental Materials

- in last year's federal budget, duty was applied to all imported dental materials at significant rates.

- in response to CDA's presentations to the Department of Finance, duty is now removed from all dental materials except the following:

(i) amalgam and similar filling materials	12.5%
(ii) acrylic moulding compounds	10 %
(iii) dental impression compounds and impression waxes	7.5%

Duty on items (ii) and (iii) will be reduced to these levels over the next six years but no reduction in the rate on amalgams is planned.

- CDA is not pleased with the continued tariff protection given to Johnson and Johnson's amalgam product (and, yet to be produced in Canada, composite product). We will continue to press for removal of this item from tariff protection. We will also seek the Department of Finance's reason for continuing the tariff protection on items (ii) and (iii).

(e) Federal Sales Tax

- federal sales tax will now be applied to the wholesale cost of goods instead of the manufactured costs of goods but the rate of tax will be decreased from 9% to 8%. Where applicable, this will increase cost of dental supplies and equipment because the base on which the tax is applied has been increased.

(f) Construction of New Dental Office/Clinic Buildings

- it was recommended that "soft costs" of new construction should be treated as capital costs and not permitted as deductible items prior to construction. All capital costs are deductible according to regular capital cost allowance deduction rates applicable to buildings. However, subsequently, the federal government reversed its position and "soft costs" of new construction return to their present status i.e. a fully deductible item.

(g) Professional Firms - "Work in Progress"

- the budget proposes that professional firms, incorporated and unincorporated, will only be able to claim the expenses of "work in progress" in the year that they receive the relative revenue.

- initially, it does not appear that this proposal is intended to apply to dental practices. However, as legislation is proposed, CDA will closely monitor this aspect of the federal budget.

2. PERSONAL

The following are some of the items from the federal budget which may affect the personal financial affairs of the Canadian dentist:

- the maximum federal rate of personal tax will be reduced to 34%. Combined with provincial rates of tax, the total maximum rate of taxation will range from approximately 49% - 58% (Quebec). These rates are down from the previous maximum rates of approximately 63% - 68% (Quebec).
- the interest rate on unpaid taxes or quarterly installments will be 19% for the first quarter in 1982 and will then be adjusted on a quarterly basis to current interest rates.
- only one residence per family is eligible on an annual basis for exemption from capital gains tax i.e. elimination of a second residence in spouse's name (recreational, etc)

APPENDIX B

Appendix I

- interest on new loans for contributions to Registered Retirement Savings Plans (RRSP), Registered Pension Plans and Deferred Profit Sharing Plans are not deductible.
- in dental practices where management is provided by professional management companies or where dental services are provided through professional corporations, principal shareholders of the above-mentioned companies or corporations will not be permitted to contribute to Deferred Profit Sharing Plans of said companies or corporations. In addition, where employees other than principal shareholders contribute to the established Deferred Profit Sharing Plans, new Deferred Profit Sharing Plans will have to be initiated so that eligible employees will be able to continue to participate.
- interest-free or low-interest loans from professional management companies or professional corporations have been discontinued.
- income averaging annuity contracts (IAAC's) purchased after the 1981 taxation year will not be eligible for deductions. Contracts purchased after November 12, 1981 must have a term that does not extend beyond 1982 or the cost of the contract will be classified as income for the current year after 1982. Interest on loans for the purchase of IAAC's after November 12, 1981 will not be deductible.
- the recent budget places a three-year limit on the deferral of tax on accrued interest income. It is proposed that taxpayers report accrued interest income (i.e. through insurance policies, investment certificates, etc.) every three years on investment instruments purchased after November 12, 1981. For investment instruments acquired prior to November 12, 1981, the above rules will apply after December 31, 1984.

Once again, the above information is provided as general information obtained from the recent federal budget speech. Application of this information to personal or business circumstances should be done with the assistance of professional advisers.

Prepared by:

Dr. Robert Hicks
Chairman, Taxation Committee

Novembre, 1981

LES INCIDENCES DU BUDGET FÉDÉRAL 1981
POUR LE DENTISTE CANADIEN

Cher collègue,

Le récent exposé budgétaire du gouvernement fédéral comprend certaines mesures qui touchent la pratique comme les affaires personnelles du dentiste canadien.

Le présent document a pour objet d'en dégager les points principaux qui ont une incidence sur la pratique de la médecine dentaire, sans cependant entrer dans le détail des articles d'application générale touchant tous les contribuables canadiens.

Les observations qu'il contient ne sont présentées qu'à titre d'information provisoire, la législation qui en précisera les modalités d'application devant être débattue à la Chambre des Communes au cours des prochains mois. Avant d'appliquer le contenu du présent document à sa propre situation, chacun est prié de consulter d'abord son comptable agréé ou son conseiller en fiscalité. Le présent rapport constitue donc un document d'information seulement sur le budget fédéral.

Le président,

D.E. Williams, d.d.s.

P.J.
RH/cl

1. LA PRATIQUE DENTAIRE(a) Le taux d'imposition des compagnies de gestion des professions et des sociétés professionnelles

- Il semble que le taux d'imposition des profits réalisés demeurera le même, soit 33 1/3 %. L'exposé budgétaire mentionne que les "sociétés de services personnel" doivent être pleinement assujetties à l'impôt des sociétés, mais n'indique pas si on apportera des changements au statut des compagnies de gestion des professions ou des sociétés professionnelles.

- Le budget prévoit un impôt de 12,5 % sur les dividendes déclarés par les petites entreprises dont le revenu net a déjà bénéficié du taux préférentiel d'imposition de 25 %. Si cette disposition s'applique aux compagnies de gestion des professions et aux sociétés professionnelles dont le revenu net est déjà soumis à un impôt de 33 1/3 %, il faudra alors utiliser un taux inférieur à 12,5 % pour maintenir un impôt juste et équitable. Si donc l'impôt sur les dividendes s'applique aux cabinets de pratique dentaire, l'ADC demandera au ministre des Finances d'en réduire le taux.

(b) Déductions pour amortissement

- Les déductions pour amortissement sur le nouvel équipement acheté au cours de l'année seront réduites à la moitié du taux normal actuellement prévu. Actuellement, ces biens peuvent faire l'objet d'une dépréciation pour l'année entière, sans égard à la date d'acquisition.

- Les oeuvres d'art et les antiquités ne pourront plus faire l'objet de déductions pour amortissement, sauf les oeuvres d'art produites par un artiste canadien vivant, dont le premier acheteur pourra continuer de bénéficier de la déduction.

(c) La vente des cabinets de pratique ou de tout actif s'y rapportant

- Dans le passé, un dentiste pouvait vendre ses biens sans avoir à payer immédiatement l'impôt sur les gains en capital, soit en s'arrangeant pour recevoir le produit de la vente sur un certain nombre d'années, soit en réclamant des réserves lui permettant de reporter la partie imposable des gains à mesure qu'il en recevait le paiement.

APPENDIX B

Appendix I

- Les dentistes devront maintenant faire état de tous les gains imposables pour l'année au cours de laquelle ils aliènent un bien, sujet toutefois à de nouvelles dispositions prévoyant un mécanisme d'étalement. S'il ne reçoit pas la totalité du produit de la vente au cours de l'année, le dentiste pourra en payer l'impôt par versements échelonnés sur trois ans et portant intérêt, à condition de fournir une garantie acceptable à Revenu Canada.

(d) Les matériaux dentaires

- L'année dernière, le budget fédéral imposait des droits de douane assez élevés sur tous les matériaux dentaires importés.

- Suite aux représentations que l'ADC a faites auprès du ministère des Finances, ces droits ont été supprimés sur presque tous les matériaux dentaires, sauf les suivants:

(i)	amalgames et autres matériaux d'obturation similaires	12,5 %
(ii)	compositions à mouler acryliques	10 %
(iii)	compositions dentaires thermoplastiques, y compris les cires	7,5 %

Les droits sur les articles (ii) et (iii) seront réduits aux taux indiqués au cours des six prochaines années, mais on ne prévoit aucune réduction des droits sur les amalgames.

- L'ADC n'est pas satisfaite de voir que la société Johnson and Johnson continuera de bénéficier d'une protection tarifaire pour ses amalgames (et ses composites dont on attend toujours qu'ils soient produits au Canada). Nous continuerons à exercer des pressions pour faire supprimer cette protection tarifaire et nous demanderons au ministère des Finances pourquoi il maintient la protection sur les articles (ii) et (iii).

(e) La taxe de vente fédérale

- La taxe de vente fédérale s'appliquera désormais au prix de gros plutôt qu'au prix du fabricant, mais le taux en sera réduit de 9 % à 8 %. Pour les cas où cela s'applique, cette mesure aura pour effet d'accroître le coût des matériaux et des appareils dentaires, parce que le fondement de la taxe sera plus élevé.

(f) La construction de nouveaux cabinets ou de nouvelles cliniques dentaires

- On avait d'abord recommandé que les "coûts annexes" des travaux de construction soient considérés au même titre que les coûts en capital et ne soient plus déductibles comme tels de l'impôt, tous les frais d'investissements pouvant faire l'objet de déductions pour amortissement selon les règles et les taux établis en ce qui a trait aux édifices. Le gouvernement fédéral est cependant revenu, par la suite, sur sa position et les "coûts annexes" des travaux de construction sont de nouveau considérés comme des articles entièrement déductibles de l'impôt.

(g) Cabinets professionnels - Travaux en cours

- Le budget propose que les cabinets professionnels, qu'ils soient constitués en société ou pas, ne puissent réclamer les frais des "travaux en cours" que l'année où ils recevront les revenus correspondants.

- De prime abord, il ne semble pas que cette proposition s'applique aux cabinets de pratique dentaire, mais comme on se propose de légiférer à ce sujet, l'ADC suivra la question de près.

2. AFFAIRES PERSONNELLES

Voici certains points du budget fédéral qui peuvent toucher les affaires personnelles du dentiste canadien.

- Le taux maximal de l'impôt fédéral sur le revenu personnel est réduit à 34 %. En y joignant l'impôt provincial, le taux maximal varie entre 49 % et 58 % (pour le Québec), ce qui représente une baisse par rapport à l'ancien taux qui variait entre 63 % et 68 % (pour le Québec).

- Le taux d'intérêt sur les impôts non payés ou sur les versements trimestriels sera de 19 % pour le premier trimestre de 1982. Il sera ensuite ajusté trimestriellement, compte tenu des taux d'intérêt en cours.

- Une seule résidence par famille sera admissible annuellement à l'exemption de l'impôt sur les gains en capital; ceci élimine une deuxième résidence (chalet ou autre) inscrite au nom de l'épouse.
- Les intérêts sur les nouveaux emprunts faits à titre de contribution à un régime enregistré d'épargne-retraite, à une caisse de retraite enregistrée et à un régime de participation différée aux bénéfices ne sont plus déductibles de l'impôt.
- Pour les cabinets de pratique dentaire dont la gestion est confiée à une compagnie de gestion des professions ou dont les services sont dispensés par une société professionnelle, les principaux actionnaires de la compagnie ou de la société ne sont plus autorisés à contribuer à un régime de participation différée aux bénéfices de la dite compagnie ou société. En outre, pour le cas où les employés autres que les principaux actionnaires contribuent déjà à un tel régime, l'établissement d'un nouveau régime de participation différée aux bénéfices doit se faire de façon à ce que les employés admissibles puissent continuer à y participer.
- Les prêts sans intérêt ou à faible taux d'intérêt consentis par les compagnies de gestion des professions ou les sociétés professionnelles sont discontinués.
- Le prix d'achat, après l'année d'imposition 1981, de Rentes d'étalement du revenu (RER) ne pourra plus être déduit de l'impôt. Les RER achetées après le 12 novembre 1981 doivent être assorties d'un terme ne dépassant pas 1982, autrement dit le prix d'achat sera incorporé au revenu courant après 1982. L'intérêt sur les emprunts contractés pour acheter ces RER après le 12 novembre 1981 ne sera pas déductible.

APPENDIX B

Appendix 1

- Le budget limite à trois ans la période de report de l'impôt sur les revenus d'intérêt courus. Il est proposé que le contribuable soit obligé de déclarer les revenus courus sur un placement (polices d'assurance, certificats de dépôt, etc.) tous les trois ans pour ce qui est des investissements faits après le 12 novembre 1981. Pour ce qui est des investissements réalisés avant cette date, la mesure ne s'appliquera qu'après le 31 décembre 1984.

Encore une fois, les renseignements ci-dessus ne sont diffusés qu'à titre d'information générale puisée dans le récent exposé budgétaire du gouvernement fédéral. On ne saurait l'appliquer aux situations personnelles ni à une entreprise sans conseils professionnels en la matière.

Préparé par

le président du Comité des questions fiscales,

le docteur Robert Hicks

APPENDIX B

Appendix I

December 2, 1981

Dear Colleague:

Early in November CDA President Dr. Donald Williams sent you a letter seeking your membership in the Canadian Dental Association. In that letter he detailed some of the reasons you should participate in organized dentistry at the national level.

Since we have not heard from you, this letter comes as a reminder.

We wanted you to be aware that two of us on the CDA Executive Council have assumed active membership responsibilities in Ontario and Québec. We are Dr. Brad Holmes of Kenora and Dr. Jean Laporte of Québec City. If you have any concerns regarding membership, if you wish to discuss particular problems or programs, please contact the Canadian Dental Association or contact either of us.

We believe that organized dentistry must work together at both the provincial and federal levels to improve dentistry internally as a profession and externally to better serve the public.

We believe that CDA has made giant strides in its interaction with federal government departments dealing with such matters as taxation and health promotion, such as radiation protection and has assumed its national responsibility by spearheading a unified effort involving other professions in an attempt to improve retirement income provisions.

Our experience as businessmen and group leaders places our Executive in the most beneficial position to guide dental politics in Canada, while at the same time providing a forum for ideas, discussion and resolution of problems facing the profession.

But it only works under one condition ... your involvement.

Involvement means strength.

You owe it to yourself to support the Canadian Dental Association.

Please send your membership cheque today.

Thank you.

Yours sincerely,

Yours sincerely,

Brad Holmes, DDS
Executive Council - CDA

Jean Laporte, BA., DDS
Executive Council - CDA



APPENDIX B

Appendix I

CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE
1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

le 2 décembre, 1981

Honorable collègue,

Au début du mois de novembre, le président de l'A.D.C., le Dr Donald Williams, vous adressait une lettre dans laquelle il vous demandait de vous joindre à l'Association dentaire canadienne. Il vous indiquait alors quelques-unes des raisons pour lesquelles vous devriez faire partie de l'organisation qui représente l'art dentaire sur le plan national.

Etant donné que vous ne nous avez pas encore répondu, nous vous envoyons cette lettre de rappel.

Nous désirons vous apprendre que nous, le Dr Jean Laporte de Québec et le Dr Brad Holmes de Kenora, sommes des membres du Conseil exécutif de l'A.D.C. et avons assumé des responsabilités touchant le recrutement des membres au Québec et en Ontario. Si vous avez des questions à poser en rapport avec l'adhésion à l'A.D.C. ou si vous désirez discuter de problèmes ou de programmes particuliers, nous vous invitons à communiquer avec l'Association dentaire canadienne ou avec l'un d'entre nous.

Nous croyons que les dentistes doivent s'unir et travailler ensemble aux niveaux fédéral et provinciaux pour améliorer la dentisterie comme profession et comme service public.

Déjà, l'A.D.C. a réalisé d'énormes progrès en intervenant auprès des ministères fédéraux sur des sujets aussi variés que l'impôt, la promotion de la santé et la protection contre les radiations. De plus, elle a fait valoir son importance sur le plan national en concentrant ses efforts et en faisant appel à d'autres professions pour améliorer les dispositions touchant les caisses de retraite.

En tant qu'hommes d'affaires et que chefs de file, nous possédons une expérience qui permet à notre Conseil exécutif de diriger au mieux les politiques dentaires du Canada. Par la même occasion, nous offrons à nos membres une table ronde où ils peuvent présenter leurs idées, discuter leurs problèmes et apporter des solutions en rapport avec la profession.

Pendant, il est une condition essentielle à remplir: chaque dentiste doit participer à cette oeuvre commune. Participation signifie force.

Vous vous devez de fournir votre appui à l'Association dentaire canadienne.

Veuillez donc nous faire parvenir votre contribution dès maintenant.

En vous remerciant à l'avance, nous vous prions d'agréer l'expression de nos sentiments les plus distingués.

Jean Laporte, B.A., D.D.S.
Membre du Conseil exécutif
de l'A.D.C.

Brad Holmes, D.D.S.
Membre du Conseil exécutif
de l'A.D.C.



APPENDIX B

Appendix I

CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

OFFICE OF THE PRESIDENT

December 15, 1981

Dear Colleague:

The continuing and swirling controversy over the November 12 MacEachen budget has prompted us to expand further on the initial information we supplied in our November 19 budget letter to you.

To this end we have instructed our legal advisors McMillan and Binch to provide additional material which may assist you. It is enclosed.

Again, we stress that practitioners should consult their advisors before taking action.

CDA has already written to Finance Minister MacEachen concerning the tax application on dental plans and that letter will appear in the February edition of the Journal.

D.E. Williams, D.D.S.
President

DEW/cl

APPENDIX B

Appendix I

The Federal Budget of November 12th proposed significant changes to our income tax laws. Some of these changes will affect dental practitioners and their relatives who own shares in a service or management corporation ("management corporation") or are employees of such a corporation. A brief comment on some of the principal changes relating to management corporations is given below. Members are urged to discuss these changes with their tax advisors as soon as possible, and in any event before the end of this year.

1. MANAGEMENT CORPORATIONS MAY PAY MORE TAX

For taxation years beginning after November 12, 1981, the Budget proposes that certain corporations formed by individuals to provide personal services, which would have otherwise been provided by such individuals as "employees" of the recipient of the services, will be subject to the normal corporate tax rates of approximately 50 per cent on their personal service income instead of the small business rates of 25 per cent or 33 1/3 per cent. Also, severe restrictions on expense deductions against service business income will be implemented. In this latter regard, the proposals provide that the only deductions allowed in computing a corporation's taxable income from its personal service businesses will be for salary, wages and other benefits provided to the individual employees who provide such services.

There are a number of technical rules being proposed to determine exactly what income of management corporations will be subject to the proposed higher rate and the restriction on deductions. They provide that the higher rate and restriction on deductions will apply to income where (a) an individual providing a service or someone related to him ("related" is defined in the Income Tax Act) owns 10 per cent of any class of shares issued by the corporation or even issued by a corporation related to such corporation and (b) such individual providing the service and the corporation receiving the service would be in an employee-employer relationship in law but for the existence of the management corporation.

Many questions are raised by these rules. Do the new proposals apply to a dentist who is an employee of a management corporation if the services of such corporation are being rendered to the dentist? Where certain income is generated by a 10 per cent shareholder who would otherwise be an employee of the recipient of his services, will the higher corporate rate and denial of deductions apply to income generated by other unrelated individuals involved with the management corporation? Will they apply to income generated through other unrelated activities also carried on by the management corporation?

The impact of these proposals may be severe for dentists who have formed management corporations. Accordingly, they should immediately seek advice from their tax advisors. Because the Budget proposals are not clear in all respects, it will be difficult in some instances for tax advisors to predict the full impact of the proposals. Although Ottawa is trying to treat personal service business income earned by a management company in the same way as it would be treated in the hands of individuals if they rendered their services directly rather than through corporations, the proposals could place individuals providing services through a corporation in an even worse tax position than individuals not using a corporation.

If past experience is any indication, Ottawa will be making many more refinements to its proposals. Watch out!

2. LOSS OF SMALL BUSINESS LOW RATE

Before the Budget, management corporations which were eligible for an effective corporate tax rate of less than the normal rate of approximately 50 per cent could maintain such privilege indefinitely provided certain dividends were paid out to shareholders each year. The Budget proposals provide that this method of maintaining the low rate will end in 1981. Some tax advisors are therefore considering having corporations, including management corporations, pay out dividends before the end of 1981 to extend the life of this low rate privilege. However, there are a number of concerns to be considered in this regard. For example, from 1982 and thereafter, the proposed maximum marginal personal tax rate will be approximately 50 per cent (for 1981 it was approximately 60 per cent). Also, for management and other corporations paying the effective low rate of approximately 25 per cent, a further corporate tax of 12.5 per cent will be imposed on dividends paid to shareholders after November 12, 1981 out of the profits which were taxed at that low rate. Thus tax advisors must consider the net tax implications of paying dividends now or later. Again, it would be prudent to speak to your tax advisor in this regard at your earliest convenience.

3. RESTRICTION OF INTEREST DEDUCTIONS

Members should be aware that for 1982 and subsequent taxation years, the Budget proposes that any interest expense incurred by them for the purpose of purchasing shares in their management corporations or making loans to them will be deductible only to the extent of the member's income from "property" for the year. There does not appear to be a restriction to just the property in connection with which the interest expense is incurred. The Budget further proposes that the amount by which the interest expense exceeds income from property for the year may be treated as an interest expense incurred in the following year. It is not clear whether it is intended that such excess interest expense may be carried forward indefinitely.

APPENDIX B

Appendix 1

4. EMPLOYEE BENEFITS

The Budget requires that the value of a number of employee benefits be included in the income of the employee. These include employee contributions to private health and dental plans and free travel or travel discounts. Also, the minimum amount in respect of automobile benefits required to be included in the income of an employee whose corporation provides him with an automobile has been substantially increased. Members may wish to reconsider the provision of employee benefits by their management corporations in light of these changes.

5. DEFERRED PROFIT SHARING PLANS

Many management corporations maintain deferred profit sharing plans ("DPSP's") for their employees. Currently such corporations may deduct yearly contributions of up to \$3,500 per employee. In addition, an employee may annually make a maximum tax-deductible contribution of \$5,500 to a registered retirement savings plan ("RRSP") even if he is a member of a DPSP.

The Budget proposes to impose restrictions on such benefits. Generally speaking, for taxation years commencing after November 12, 1981, where anyone is a shareholder of a corporation (or is related to such shareholder within the meaning of the Income Tax Act) and is also a member of a DPSP maintained by that corporation, no deductions whatsoever will be available to the corporation for contributions made to the DPSP, even though such contributions are for employees other than employee shareholders or their employee relatives.

Also, after 1981, where an individual has been a member of a DPSP at anytime in the year, the maximum amount which he may deduct for the year in respect of a contribution to an RRSP will be \$3,500.

Obviously these changes are causing tax advisors to consider ways to get shareholders and persons related to them out of DPSP's before the end of 1981. The assets which they have in DPSP's can presently be transferred to RRSP's without adverse tax consequences and this should also be considered.

CONCLUSION

Seek, without delay, the advice of your tax advisor on these and other implications of the Budget.



APPENDIX B

Appendix I

CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE
1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

Bureau du président

le 15 décembre, 1981

Honorable collègue,

Tant en se poursuivant et en créant beaucoup de réactions, la controverse au sujet du budget fédéral présenté par M. MacEachen, le 12 novembre dernier, nous pousse à commenter davantage la lettre que nous vous adressions le 19 novembre 1981.

Dans le but de vous aider, nous avons demandé à nos conseillers juridiques, la firme MacMillan and Binch, de nous fournir de la documentation supplémentaire. Vous la trouverez ci-jointe.

Encore une fois, nous vous exhortons, vous les praticiens, à consulter vos conseillers avant de faire quoi que ce soit.

L'ADC a déjà fait parvenir une lettre au Ministre des Finances, M. MacEachen, au sujet de l'impôt visant les régimes d'assurance dentaire. Cette lettre sera reproduite dans le numéro de février du Journal.

Le président,

D.E. Williams, d.d.s.

DEW/cl

Le budget fédéral du 12 novembre apporte aux lois de l'impôt sur le revenu d'importantes modifications dont certaines touchent les praticiens de la médecine dentaire et leurs proches, qu'ils soient actionnaires ou employés d'une société de service ou de gestion. Voici donc quelques observations sur les principales modifications qui concernent ces sociétés. Les membres de l'ADC sont priés d'en parler sans tarder à leur conseiller en fiscalité, et sûrement avant la fin de la présente année.

1. POSSIBLEMENT PLUS D'IMPÔTS POUR LES SOCIÉTÉS DE GESTION

En ce qui a trait à certaines sociétés dont les membres offrent des services personnels qu'ils pourraient, autrement, dispenser eux-mêmes à titre "d'employés" de la personne à laquelle le service est fourni, le budget propose que, pour les années fiscales commençant après le 12 novembre 1981, ces sociétés soient assujetties à l'impôt ordinaire des sociétés, dont le taux est d'environ 50 pour cent du revenu des services personnels, plutôt qu'à celui des petites entreprises dont le taux est de 25 pour cent ou de 33 1/3 pour cent. On apportera également des restrictions rigoureuses en ce qui a trait à la déduction des dépenses encourues par les entreprises de service. A ce sujet, le budget prévoit que les seules déductions admissibles dans le calcul du revenu imposable d'une société porteront sur les traitements, les salaires et les autres avantages versés à l'employé qui fournit le service.

On prévoit, en outre, certaines modalités pour établir exactement le revenu d'une société de gestion, qui sera assujetti au taux plus élevé de l'impôt et aux restrictions plus rigoureuses touchant les déductions.

Ces deux éléments s'appliqueront (a) lorsque la personne fournissant le service ou un de ses proches ou parents (le terme étant défini dans la Loi de l'impôt sur le revenu) possède 10 pour cent des actions, de toute catégorie, de la société en question ou d'une société parente, et (b) si la relation entre le fournisseur du service et la société peut être considérée en droit comme une relation employé-employeur, n'eût été la présence de la société de gestion.

De telles dispositions soulèvent bien des questions. Les nouvelles mesures s'appliquent-elles au dentiste qui travaille, à titre d'employé, pour une société de gestion dont les services lui sont destinés? Si certains revenus sont engendrés par une personne qui détient 10 pour cent des actions et pourrait être considérée comme une employée de la société qui bénéficie de ses services, appliquera-t-on le taux plus élevé d'imposition et les restrictions plus rigoureuses touchant les déductions du revenu engendré par d'autres personnes qui n'ont aucun lien de parenté mais participent aux activités de la société de gestion? Appliquera-t-on les mêmes mesures au revenu que la société peut tirer d'activités qui ont une toute autre nature?

Puisque les mesures proposées peuvent avoir de graves conséquences pour eux, les dentistes qui ont créé des sociétés de gestion devraient demander immédiatement l'avis de leur conseiller en fiscalité. Les propositions du budget étant obscures à tous points de vue, les conseillers auront de la difficulté, pour certains cas, d'en prévoir toutes les incidences. Si Ottawa tente de traiter le revenu en services personnels gagné par une société de gestion de la même façon que celui des personnes offrant leurs services directement, les modalités proposées peuvent placer les personnes qui offrent leurs services par le truchement d'une société dans une situation pire que celles qui offrent directement leurs services.

Si l'on se fie à l'expérience du passé, Ottawa raffinera encore davantage ses modalités. Alors, prenons garde!

2. PLUS DE DÉDUCTION POUR PETITE ENTREPRISE

Avant le budget, les sociétés de gestion qui pouvaient bénéficier d'un taux d'imposition inférieur à celui de 50 pour cent exigé ordinairement des sociétés pouvaient conserver ce privilège indéfiniment en autant qu'elles versaient annuellement certains dividendes à leurs actionnaires. Le budget met un terme à ces dispositions à la fin de 1981. Certains conseillers fiscaux songent donc à conseiller aux sociétés, y compris les sociétés de gestion, de verser leurs dividendes avant la fin de l'année 1981 pour prolonger ce privilège du taux d'imposition réduit. Ceci soulève cependant certaines questions. A titre d'exemple, on propose que le taux marginal d'imposition des particuliers soit, à compter de 1982, d'environ 50 pour cent (comparativement à 60 pour cent en 1981). En outre, pour le cas des sociétés de gestion ou autres qui ont bénéficié du taux préférentiel d'imposition d'environ 25 pour cent, on impose, à compter du 12 novembre 1981, un autre impôt de 12,5 pour cent sur les dividendes versés aux actionnaires à même les profits qui ont déjà fait l'objet de l'impôt préférentiel. Les conseillers fiscaux doivent donc prendre en ligne de compte les incidences des dividendes sur l'impôt net, selon qu'ils sont versés immédiatement ou plus tard. Encore une fois, il serait plus prudent d'en parler à votre conseiller fiscal le plus tôt possible.

3. LIMITATION DE LA DÉDUCTION DES FRAIS D'INTÉRÊT

Les membres doivent savoir que, selon le budget, à compter de 1982, tous les frais d'intérêt qu'ils devront encourir pour acheter des actions de leur société de gestion ou lui faire des prêts ne seront déductibles qu'à concurrence du revenu tiré de "biens" pour l'année. Il ne semble pas que la mesure se limite aux seuls biens touchés par les frais d'intérêt encourus. Le budget va plus loin en proposant que l'excédent des frais d'intérêt sur le revenu tiré de biens au cours de l'année soit considéré comme étant des frais d'intérêt engagés pour l'année suivante. Il n'est pas précisé si cet excédent peut ainsi être reporté indéfiniment.

4. AVANTAGES ACCORDÉS AUX EMPLOYÉS

Le budget demande que certains avantages accordés aux employés soient inclus dans leur revenu. Ceci comprend la participation de l'employé à des régimes privés d'assurance médicale et dentaire ainsi que la valeur des voyages accordés gratuitement ou à rabais. De même, la valeur de l'avantage que représente l'utilisation d'une voiture fournie par l'employeur et que l'employé doit ajouter à son revenu a été haussé considérablement. Les membres feraient bien de réexaminer à la lumière de ces modifications les avantages que leur société de gestion accorde aux employés.

5. RÉGIMES DE PARTICIPATION DIFFÉRÉE AUX BÉNÉFICES

Plusieurs sociétés de gestion accordent à leurs employés un régime de participation différée aux bénéfices (RPDB). Actuellement, elles peuvent déduire de l'impôt des contributions annuelles jusqu'à concurrence de 3,500\$ par employé. En outre, celui-ci peut déduire de son impôt une contribution maximale de 5,500\$ à un régime enregistré d'épargne-retraite (REER), même s'il participe également à un RPDB.

Le budget propose de réduire ces avantages. De façon générale, pour les années d'imposition commençant après le 12 novembre 1981, si un actionnaire quelconque de la société (ou un de ses proches ou parents au sens de la Loi de l'impôt sur le revenu) participe au RPDB de la dite société, celle-ci ne peut en aucune façon déduire de l'impôt ses propres contributions au régime, même si elles concernent les autres employés qui ne sont ni actionnaires ni proches ou parents.

Après 1981, l'employé qui aura participé à un RPDB à un moment quelconque de l'année ne pourra pas déduire plus de 3,500\$ pour sa participation à un REER au cours de la même année.

Evidemment, ces modifications incitent les conseillers en fiscalité à chercher les moyens d'exclure les actionnaires et leurs proches ou parents des RPDB avant la fin de l'année 1981. L'actif qu'ils peuvent y avoir accumulé peut être transféré dans un REER sans inconvénients fiscaux et ceci doit être pris en ligne de compte.

CONCLUSION

Obtenez sans délai l'avis de votre conseiller en fiscalité sur ces aspects comme sur les autres incidences du budget.

You Owe it to YOURSELF to Support the Canadian Dental Association

The Canadian Dental Association is a national forum for debate, discussion and ultimate resolution of the problems facing the profession in association with the Provinces.

It is a composite of its individual parts:

- Provincial Associations and Licensing bodies
- general practitioners
- specialty groups
- educators
- armed forces
- students
- affiliate Societies

Just as the profession owes it to the public to practice preventive dentistry to stave off extensive restorative procedures — so too, do you owe it to yourself to support organized dentistry to protect your interests and your profession.

To be an active member of the Canadian Dental Association you must be a member of the Ontario Dental Association. Your active membership assures Ontario of fair numerical representation on the CDA Board of Governors to project Ontario's views at the national level.

SUPPORT THE NATIONAL TEAM THE CANADIAN DENTAL ASSOCIATION



Canadian Dental Association/ l'Association Dentaire Canadienne
1815 Alta Vista Drive, Ottawa, Ontario, Canada K1G 3Y6 Telephone (613) 523-1770

You Owe it to YOURSELF to Support the Canadian Dental Association

The Canadian Dental Association is a national forum for debate, discussion and ultimate resolution of the problems facing the profession in association with the Provinces.

It is a composite of its individual parts:

- Provincial Associations and Licensing bodies
- general practitioners
- specialty groups
- educators
- armed forces
- students
- affiliate Societies

Just as the profession owes it to the public to practice preventive dentistry to stave off extensive restorative procedures — so too, do you owe it to yourself to support organized dentistry to protect your interests and your profession.

To be an active member of the Canadian Dental Association you must be a member of your provincial association. Your active membership assures your province of fair numerical representation on the CDA Board of Governors to project your views at the national level.

Support the
National Team
**THE CANADIAN
DENTAL ASSOCIATION**

C'est agir dans VOTRE intérêt que d'appuyer l'Association dentaire canadienne

L'Association dentaire canadienne offre à la profession un point de convergence et une tribune dans l'examen de ses problèmes et la recherche de solutions de concert avec les provinces.

Elle comprend les éléments suivants :

- les associations provinciales et les organismes de réglementation;
- les dentistes de pratique générale;
- les spécialistes;
- les professeurs;
- les praticiens des forces armées;
- les étudiants;
- les sociétés affiliées.

Tout comme la profession se doit, dans l'intérêt du public, de pratiquer une médecine dentaire préventive et de lui épargner ainsi des restaurations coûteuses, ainsi devez-vous, dans votre propre intérêt et celui de la profession, appuyer votre organisation.

Pour faire partie de l'ADC, vous devez être membre de votre association provinciale. Votre adhésion permettra à votre province d'être représentée équitablement au Bureau des gouverneurs de l'ADC et de mieux faire valoir ses vues à l'échelle nationale.

Appuyez l'équipe
nationale
**L'ASSOCIATION
DENTAIRE CANADIENNE**



Canadian Dental Association / l'Association Dentaire Canadienne

1815 Alta Vista Drive, Ottawa, Ontario, Canada K1G 3Y6 Telephone (613) 523-1770

APPENDIX B

Appendix III

CANADIAN DENTAL ASSOCIATION

1982 MEMBERSHIP

AS AT JANUARY 22, 1982

	<u>ONTARIO</u>	<u>QUEBEC</u>	<u>OTHER</u>	<u>TOTAL</u>
ACTIVE	2,219	991	12	3,222
AFFILIATE	44	73	1	118
ASSOCIATE	70	29	53	152
TOTALS	2,333	1,093	66	3,492

TOTALS UP-DATE AS AT
19 FEBRUARY, 1982

2,404 1,150 72 3,626

1981 MEMBERSHIP
REPORTED AT WEEK NO. 12

ACTIVE	2,254	948	7	3,209
AFFILIATE	50	74	2	126
ASSOCIATE	41	27	42	110
TOTALS	2,345	1,049	51	3,445

TOTALS UP-DATE AS AT
19 FEBRUARY, 1982

2,437 1,127 60 3,624

FINAL 1981 TOTALS FOR
ONTARIO & QUEBEC AS PER
JOURNAL AUDIT OCTOBER 1981

ACTIVE	2,472	1,129		
AFFILIATE	54	83		
ASSOCIATE	60	28		
TOTALS	2,586	1,240		

CANADIAN DENTAL ASSOCIATION

MEMBERSHIPS REQUIRING EXECUTIVE COUNCIL APPROVAL

LIFE MEMBERSHIP APPLICATIONS

The following Dentists have applied for and qualify to become C.D.A. Life Members:

Dr. Franklin Edgar Coulter
Dr. C. Spencer Lea
Dr. Victor V. Marbell
Dr. Wilbert James Callaghan
Dr. W.A. McIver
Dr. J.A. Olkins
Dr. W.L. Elliot
Dr. J.A.M. Shields
Dr. D.C. Gordon

ASSOCIATE MEMBERSHIP APPLICATIONS

The following Dentists have applied for Associate Membership Status due to a return to Post Graduate Studies:

Dr. D. Kolbinson
Dr. G.R. Matheson
Dr. W.S. Cheung
Dr. B.E. Denyar
Dr. K.C. Leung
Dr. J.L. Perry
Dr. C. MacNeil
Dr. R. Boyko

The following Dentists have applied for Associate Member Status under the mitigating circumstances clause:

Dr. David P. Scanlon
Dr. Susan P. Johnson
Dr. Malle-Reet Ryan

SUPPORTING MEMBER APPLICATIONS

The following Dentist has applied for Supporting Member Status:

Dr. R.K. Kuba



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE
1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

MEMORANDUM

December 10, 1981

TO: Corporate Members

FROM: Hubert Drouin,
Executive Director

SUBJECT: Nominations for Honorary Membership in the
Canadian Dental Association

I have been directed by the Executive Council to request from each corporate body the name of one individual whom they wish to nominate for Honorary Membership in the Canadian Dental Association.

The position of Honorary Membership in the CDA is defined as follows:

"This is the Association's highest award.
It may be conferred on persons deemed to
have rendered exceptional constructive
services nationally and/or internationally
in any field of dentistry."

Each corporate member is requested to submit no more than one nomination for the position and this submission must be accompanied by a detailed curriculum vitae of the individual being nominated.

It is drawn to your attention that any previously submitted names may be re-submitted with the appropriate accompanying data.

Due to the distinctive nature of the honorary membership award, only in the most unusual circumstances will more than one or two awards be conferred in any one year.

It is intended that Honorary Awards will be bestowed at the Annual CDA Convention in May, 1981. It would therefore be appreciated if you would submit your recommendation to me for presentation at the February pre-Board Executive Council meeting no later than January 15, 1982.

Thank you for your attention to this matter.

CIRRICULUM VITAE

Name J. BRUCE TAYLOR (son of a dentist Dr. H.D. Taylor)

Address 532 Dundas Street
London, Ontario, N6B 1W6

Dental School or Faculty - Toronto, Ontario - 1943

Captain RCDC served in the Navy and Army until the end of hostilities

Offices Held in Organized Dentistry:

President of the London & District Dental Society - 1952
President of the Ontario Dental Association - 1966/67
Member International College of Dentists - 1966
Member, Board of Governors CDA - 1967/68
Member, Executive Council CDA - 1967
Appointed Treasurer of CDA - 1969 -
served for six years (2-3 year terms)
completely unpaid (no honoraria no per diems).
Associated with the Executive of the CDA -
attended meetings, etc.

Lodges and Clubs:

Kiwanis - President - 1952.

Married: two children.

Other Information:

Church warden and is on the Board of Management of
Cronyn Memorial Anglican Church.

CURRICULUM VITAE

Name JOHN WARREN MACKAY

Address 417 - 750 Spadina Crescent E.
Saskatoon, Saskatchewan

Date and Place of Birth: 24/3/29 - Biggar, Saskatchewan

Education: B.A. - University of Saskatchewan - 1950

Dental School or Faculty - Alberta - 1954

Offices Held in Organized Dentistry:

Council Member & Past President -
College of Dental Surgeons of Saskatchewan

Past President & Secretary - Saskatoon Dental Society
Chairman, Provincial Dental Convention - 1972

Member, Council on Dental Services CDA - 1971-72

Member, Council on Health Care CDA - 1972 - 1976
(last three years Chairman of Dental Services
Committee of that Council)

Member, Board of Governors CDA - 1976 to 1981

Member, Executive Council - 1979 - 1981

Practice: 1954 - present - Saskatoon, Saskatchewan

Lodges and Clubs: Saskatchewan Lodge #16-A.F. & A.M.

Kiwanis

Board Member and three years as President,
Saskatoon Symphony Society

Member & Past President - Saskatoon Choral Society
(25 years)

Sports, Hobbies and Other Interests:

Scouting-Troop Scouter, Venturers Advisor
Asst. Regional Commissioner - Training,
Camping, Canoeing and Cross Country Skiing
for Northern Saskatchewan
Gardening and Bridge

Married: Wife - Elaine

Children - one son, Ian

four daughters, Patricia, Heather, Leslie, Debbie

Other Information: Two years part-time staff - University of
Saskatchewan College of Dentistry (Prosthetics)

United Church of Canada (Choir Member)

Supplementary Reserve - Dental Corp (Captain)

HENRY MOSER THORNTON

Henry Moser Thornton, born Mechanicsburg, Pennsylvania, educated at St. Georges School, Newport, Rhode Island and Princeton University, joined Dentsply International 1938 and by 1942 was a Vice-President. Elected President in 1955, Chairman of the Board and Chief Executive Officer in 1972.

Mr. Thornton early recognized the growing needs of dental education and worked to meet those needs by actively supporting the establishment of the American Fund for Dental Education, now known as the American Fund for Dental Health. His company supplied the funds for the survey which indicated its potential, and seed money to support its operation. This support has continued, and with the founding of the Canadian Fund for Dental Education, Dentsply Canada played a similar role. Mr. Thornton is one of the founders and is a trustee of the American Fund for Dental Health.

Mr. Thornton's influence has reached beyond his own company to the entire dental industry. During his term as President of the American Dental Trade Association, he led that organization into a major fund-raising campaign for dental education. Under his leadership further direct support has come to dental education and the dental profession, through Dentsply's sponsorship of the student table clinic program at the annual sessions of the American, Canadian and British Dental Associations.

Dentsply also pioneered in the developing of the first comprehensive dental health care plan. A program of dental coverage for its employees and their dependents was accomplished with the cooperation of the American Dental Association in 1959. The experience has been so satisfactory that many other companies nationwide have established similar programs for millions of Americans.

Henry Thornton has been widely honored for the leadership he has given in support of dental education and in fostering harmonious relations between the dental industry and the profession.

Honorary Memberships

American Dental Association, International College of Dentists, American Association of Dental Schools, Chicago Dental Society, Student Clinicians of the American Dental Association, 5th District Dental Society of Pennsylvania, Delta Sigma Delta, and the Odontographic Society of Chicago.

HENRY MOSER THORNTON

Special Awards and Citations

American Dental Trade Association, American College of Dentists, American Student Dental Association, the Odontographic Society of Chicago, St. Louis Dental Society, Pennsylvania Dental Association, John Tones Medal from the British Dental Association in London, American Dental Association Special Recognition Award, American Association of Dental Schools Special Recognition Award.

Honorary Degrees

Loyola University (Doctorate of Human Letters Degree),
Northwestern University, Chicago (Doctorate of Laws)
Dalhousie University, Halifax (Doctorate of Laws)
York College, Pennsylvania (Honorary Doctorate)

In York, Pennsylvania, Mr. Thornton is a Past-President and member of the Board of Directors of the Manufacturers Association and a Director of the Commonwealth National Bank. He was a founder and first president of York Country Day School.

Mr. Thornton was married in 1935 to Virginia Whiteley; they have five children.

The Canadian Dental Hygienists' Association
L'association Canadienne des Hygienistes Dentaires

3 Linden Lane
Halifax, Nova Scotia
B3R 1N1



January 12, 1982

Dr. Donald Williams, President
Canadian Dental Assoc.
160 Highfield Street
Moncton, N.B.
ELC 5P2

Dear Dr. Williams,

Enclosed please find a copy of the five issues of concern to C.D.H.A. to which I referred in my letter of Nov. 13/81. These issues were identified during a workshop for C.D.H.A. executive, board members, committee chairmen and special representatives; held prior to the Calgary board meeting.

I have also included the workshop summary which contains some of the comments of the discussion groups. No policy statements or motions resulted from this workshop; however it is hoped that in the near future these issues will be examined and addressed by our association.

Mrs. Larder and I appreciate the opportunity we had to meet with you and Dr. MacLeod when you were in Halifax last week. As you will note we did talk briefly on each of the five issues from the workshop. I feel our informal discussions were most helpful.

Please call or write if I can be of further assistance.

Yours sincerely

Patricia D. Grant R.D.H., B.A.
President

PS Kindly acknowledge original

Note: Not for distribution unless accompanied by copy of letter to Dr. Williams from C.D.H.A. President dated January 12, 1982

APPENDIX C (i)

The Canadian Dental Hygienists' Association
L'association Canadienne des Hygienistes Dentaires



CDHA PRE-BOARD MEETING WORKSHOP RESULTS AND EVALUATION

AUGUST 28, 1981

FACILITATOR: NANCY FETTER

BACKGROUND:

The CDHA executive council conducted a survey of the board of directors to determine the need for a pre-board meeting workshop. The response indicated that a workshop should be held and should deal with topics and issues which the CDHA now had under consideration. The workshop was organized with these ideas in mind. Please refer to Appendix A and B for the workshop outline and workshop goals.

RESULTS OF DISCUSSION ON ISSUES ARISING OUT OF THE HALL COMMISSION BRIEF

The five issues which the participants chose as most important are ranked as follows:

1. Direct Supervision
2. Regulations of dental hygienists
3. Conjoint accreditation and guidelines for accreditation standards
4. Quality assurance programs
5. Alternate systems of health care delivery

STATEMENT OF GROUP OPINIONS

TOPIC

STATEMENTS OR COMMENTS

Direct Supervision

- a) need to establish direct supervision so that it is the same throughout Canada before we can move anywhere in dental hygiene
- b) double standards presently exist re: laws of working with direct supervision i.e. public health dental hygienist
- c) CDHA should define direct supervision
- d) all agreed that dental hygienists are competent to provide high quality service under indirect supervision
- e) if dental hygienists were allowed to work under indirect supervision, their role in the community could be expanded to different working environments

APPENDIX C (i)

<u>TOPIC</u>	<u>STATEMENTS OR COMMENTS</u>
Direct Supervision	f) we believe that the level of supervision of dental hygienists should reflect the degree of risk of the procedure to the patient, and the training and competence of the hygienist: g) for all procedures presently recognized as part of dental hygiene practice, the dental hygienist should work under the advice or at the direction of a dentist and under direct/indirect or general supervision as the dentist directs
Regulation of Dental Hygienists	a) a separate body should regulate the licensure and practice of dental hygiene as a separate entity. The body should consist of dental hygienists, dentists and lay people. (We could not agree on ratios) We recognize that provinces would progress at different rates according to their needs b) until change and form, standard regulations throughout Canada cannot move forward in dental hygiene including the possibility of portability
Conjoint accreditation and accreditation standards	a) recommend and encourage all dental hygiene institutions to obtain accreditation in order to improve portability status and quality assurance and further to investigate the reasons for non-accreditation in order that CDHA may facilitate their application b) during our introduction exercise "portability" seemed to be the number one area of concern. Though accreditation is not synonymous with portability it would be an essential step in that direction. (A short term goal to achieve a long term goal of portability) c) it seems an injustice to students and graduates of non-accredited schools to limit their future job opportunities. Support from these people should be sought by this association to try and pressure schools to seek accreditation. d) purpose - to allow hygienists to move where they desire or where hygienists are in great demand



APPENDIX C (i)

CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

November 26, 1981

Mrs. Patricia D. Grant,
President,
Canadian Dental Hygienists'
Association,
3 Linden Lane,
Halifax, Nova Scotia
B3R 1N1

Dear Mrs. Grant:

Dr. Williams has asked that I acknowledge receipt of
your letter of November 13th, 1981.

Your comments will be brought to the attention of our
Executive Council members for consideration at its next meeting
in February.

Sincerely yours,

Hubert Drouin,
Executive Director

HD:dt

c.c. CDA Executive Council

The Canadian Dental Hygienists' Association
L'association Canadienne des Hygienistes Dentaires



3 Linden Lane
Halifax, N.S.
B3R 1N1
November 13th, 1981

NOV 18 1981

Dr. Williams, President
Canadian Dental Assoc.
160 Highfield Street
Moncton, N.B.
ELC 5P2

Dear Doctor Williams,

Thank you for your letter of October 1, 1981 which served to clarify, somewhat, the actions of the Canadian Dental Association Board of Governors. It has become apparent that many of the misunderstandings between our associations over the past year were due to a lack of clear communication.

With regard to the Brief to the Hall Commission, we reaffirm our contention that since the Board of Directors of the Canadian Dental Hygienists' Association refused to endorse this document, statements in the Brief cannot be considered policy of this association.

We understand from your letter that C.D.A. still has concerns regarding C.D.H.A.'s position on the issue of independent practice. C.D.H.A. has no position with regard to the establishment of independent practices by dental hygienists. After consultation with the C.D.H.A. Board of Directors it is clear that investigation of this issue is not a priority at this time. Such an issue would require careful research and long term study, before any policy statement could be formulated.

In Calgary, the C.D.H.A. Board of Directors identified five issues of concern to our profession. It was intended that the joint C.D.A./C.D.H.A. committee originally purposed by your association and approved by our Board would investigate these five priority issues and any others which were of concern to C.D.A. C.D.H.A. sincerely hopes that C.D.A. will consider the establishment of the joint committee as purposed, since it would serve to maintain the lines of communication.

With the recent restrictions on our participation on the C.D.A. Councils of Health Care and Education the opportunities for communication between our associations are becoming fewer and fewer. C.D.H.A. maintains that this is not to the benefit of either body.

The Canadian Dental Hygienists' Association
L'association Canadienne des Hygienistes Dentaires



With reference to our participation on the Councils, we must reaffirm that the position of C.D.H.A. on any issue should not influence our inclusion on these councils. Our representatives on the councils have an excellent record for active participation, and their now limited status leaves us with many concerns.

An immediate reply will be appreciated.

Yours sincerely,

Pat. Grant

Patricia D. Grant
President, C.D.H.A.

copies: C.D.A. Executive Council
C.D.A. Board of Governors
C.D.A. Executive Director



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

October 1, 1981

Mrs. Pat. Grant,
President,
Canadian Dental Hygienists'
Association,
3 Linden Lane,
Halifax, Nova Scotia
B3R 1N1

Dear Mrs. Grant:

At its recent annual meeting, the CDA Board of Governors adopted a resolution "that auxiliaries sit on the Councils on Health Care and Education only when items of their specific concerns are being discussed and prior notice to this effect has been given in writing, copy of the said notice to appear in Council minutes".

This action was precipitated by the position of the Canadian Dental Hygienists' Association with regard to the establishment of independent practices by dental hygienists and made public initially through its brief to the Hall Commission in 1979. The CDA Board at its meetings in September, 1980 and March, 1981 repeatedly expressed its concerns to your representative in attendance and requested that your Association clearly state its policy on this matter.

The CDA Board of Governors sincerely regrets the action it was compelled to take in August, but in view of the inability of your Executive to communicate its position at that time, the Board was faced with no other alternative.

Sincerely yours,

Donald E. Williams, D.D.S.
President

DEW/dt

c.c. Board of Governors
Corporate Members

The Canadian Dental Hygienists' Association
L'association Canadienne des Hygienistes Dentaires



SEP 21 1981

3 Linden Lane
Halifax, N.S.
B3R 1N1

Dr. Williams received original direct
copies received and sent to Drs. Utas
Williams and Thompson, Drouin

Dr. Williams, President
Canadian Dental Assoc.
160 Highfield Street
Monton, N.B.
EIC 5P2

Dear Doctor Williams:

Over the last year and a half, C.D.H.A. has recognized that there have been a number of misunderstandings between our two organizations, particularly over the matter of the C.D.H.A. Brief to the Health Services Review 1979 and more recently over the matter of participation on councils.

The Canadian Dental Hygienists' Association sincerely regrets the apparent deterioration in the relationship between the two associations. We feel that only co-operation can forestall any movements unilaterally which could damage either body in the provision of dental care to the public.

We understand that the Canadian Dental Association is concerned about certain statements in the C.D.H.A. Brief to the Hall Commission in 1979. I would be pleased to present your concerns to the C.D.H.A. Board of Directors for their consideration. I would request that these be sent in writing specifically what action C.D.A. desires.

I am most concerned about the action taken regarding our participation on the C.D.A. Councils of Education and Health Care. The C.D.H.A. regards this matter very seriously, and we request correspondence from C.D.A. as to why this action was taken. We would welcome the opportunity to further discuss this matter with your association.

We perceive these issues of the statements in the Brief and our participation in the C.D.A. Councils as completely separate matters and would stress that discussions on one matter should not influence discussions on the second.

Upon receiving the requested correspondence from C.D.A., we in C.D.H.A. would then hope to have open discussions with the Canadian Dental Association on these important issues.

Yours sincerely,

Pat Grant

Pat Grant
President, C.D.H.A.
copies: C.D.A. Executive Council
C.D.A. Board of Governors
C.D.A. Executive Director



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

January 29, 1982

Mrs. Sharon French,
Adviser, Dental Health Standards,
Health Services Directorate,
Health Services and Promotion
Branch,
Health and Welfare Canada,
Tunney's Pasture,
Ottawa, Ontario
K1A 1B4

Dear Mrs. French:

Your letter of December 14, 1981 regarding additional nominations to the Working Group on the Practice of Dental Hygiene was reviewed at a recent meeting of our Executive. It was concluded that the addition of at least two more private practitioners is necessary to establish the credibility of this group with the dental profession.

Therefore, we are pleased to submit the names of Dr. John Christie, Halifax, Nova Scotia and Dr. Andrew Toeman, Montreal Quebec. Both are in private practice and meet your department's requirement for representation from the Atlantic region and Quebec.

Would you please confirm their appointment at your earliest convenience and forward background information. I am providing their addresses for your convenience.

Dr. J. Christie,
1595 Bedford Hwy., Ste. 210,
Bedford, Nova Scotia
B4A 1E7

Dr. Andrew Toeman,
1 Place du Commerce,
Nun's Island, Quebec
H3E 1A3

Sincerely yours,

Hubert Drouin,
Executive Director

HD/dt

c.c. Dr. W. Bedford - Senior Consultant, Dentistry
Dr. Roger L. Ellis
Dr. Charles T. McNichol. 96
Dr. M. H. Lewis

Nova Scotia Dental Association JAN 4 1982

2745 DUTCH VILLAGE ROAD, SUITE 205-206
HALIFAX, N.S. B3L 4G7
TELEPHONE 902-434-5449

December 30, 1981

Mrs. Sharon B. French
Advisor, Dental Health Standards
Health Services Directorate
Health Services and Promotion Branch
Department of National Health and Welfare
Ottawa, Ontario
K1A 1B4

Dear Mrs. French:

Thank you for your letter of October 9, 1981, advising the Nova Scotia Dental Association of the establishment of the Working Group on the Practice of Dental Hygiene.

The position of this Association, at this time, is properly reflected in a letter dated November 26, 1981, from Mr. Drouin of C.D.A. to you. We feel the concerns and questions raised are valid.

We understand that the C.D.A. Council on Health Care, at its most recent meeting, nominated a dental practitioner for addition to the membership of the working group. We encourage the appointment of this practitioner to the membership list.

We ask you to consider the points raised by Mr. Drouin before proceeding.

Yours truly,

NOVA SCOTIA DENTAL ASSOCIATION



Mr. D. V. Pamenter
Executive Director

DVP/jd

cc Mr. Hubert Drouin, Executive Director, C. D. A. ✓
cc Dr. J. S. Christie



Health and Welfare
Canada

Santé et Bien-être social
Canada

Health Services
and Promotion
Branch

Direction générale
des services et de la
promotion de la santé

APPENDIX C (ii)
DEC 15 1981



Your file votre référence

Our file notre référence

December 14, 1981

Mr. Hubert Drouin
Executive Director
Canadian Dental Association
1815 Alta Vista Drive
OTTAWA, Ontario
K1G 3Y6

Dear Mr. Drouin:

Thank you for your letter of November 26 concerning the Working Group on the Practice of Dental Hygiene.

You expressed a concern over the apparent imbalance of the Working Group with only one member representing those who actually deliver dental health care. The members, in fact, represent a wide variety of roles and bring to the Working Group a wealth of experience in providing dental services in a variety of settings across Canada such as, private practice, public health units and hospitals. For example, Diane Girardin is a dental hygienist in private practice and Chal McNichol is a private practice dentist. Joanne Clovis and Michael Lewis are in a public health setting while Sylvie Fréchette is employed in a hospital/ community health centre. Carol Kline, although teaching at the University of British Columbia, spends some of her time in private practice as well.

There are currently two public health-trained dentists (Michael Lewis and Roger Ellis) and one private-practising dentist (Chal McNichol) on the eleven-member Working Group. If the Canadian Dental Association wishes to nominate a second private-practice dentist, this would be agreeable to officials in the Department. Due to the previous nominations by the Canadian Society of Public Health Dentists and the Canadian Dental Association, all three present dentist members are living in the West of Canada although Roger Ellis is from Ontario. Hence, it would be best if you could nominate a private-practitioner from Québec or the Atlantic provinces.

Ottawa, Ontario
K1A 1B4

Ottawa, Ontario
K1A 1B4

Thank you for the information on the CDA Council on Health Care. I am confident that the activities of the Working Group will be of a complementary nature to the Council on Health Care since two Council members, Kate MacDonald and Chal McNichol are also on the Working Group.

The fourth meeting of the Working Group on the Practice of Dental Hygiene is scheduled for April 29 and 30, 1982. If you plan to nominate a second dentist, I would appreciate having this information in time for this new member to be invited to the April meeting.

Best wishes for the holiday season.

Yours sincerely,



Sharon B. French
Adviser, Dental Health Standards
Health Services Directorate
(613) 992-6795

c.c. Working Group on the Practice
of Dental Hygiene



03 December, 1981

DEC 9 1981

Mrs. Sharon B. French
Adviser, Dental Health Standards
Health Services Directorate
Health Services & Promotion Branch
Dept. of National Health & Welfare
Ottawa, Ontario
K1A 1B4

Dear Mrs. French:

I am responding to your letter of 1 October, 1981, in which you indicated the composition and terms of reference of the Working Group on the Practice of Dental Hygiene.

In consideration I am not clear on the need for such a Working Group but if such is required, it would have been more productive if the dental health team were studied as an entity, not just one portion. This observation primarily applies to the civilian private practice setting but this is the area where the majority of hygienists are employed.

The terms of reference are very general but it is difficult to envisage that the Working Group will not enter into areas and possibly make recommendations, which are the purview of the dental acts of provincial governments.

The composition of the Working Group is of concern, not in the competency of any of the present members, but in the number of civilian practice dentists on the Working Group. As the area of civilian dental practice is the area of greatest involvement of hygienists, I feel, there should be not less than three civilian dentist private practitioners on the Working Group. These practitioners should be selected from a variety of provinces as is the case with the hygienists now on the Working Group.

I have no other specific questions at this time and I do not envisage forwarding a submission for consideration. I have, however, received a letter from Mrs. Pat Johnson, requesting information regarding the Canadian Forces Dental Services Hygienists. I will respond to that letter after the composition of the Working Group is further considered.

Yours sincerely,

W.R. Thompson
Brigadier-General
Director General Dental Services
for Chief of the Defence Staff

→ cc: Dr. D. Williams, President CDA

National Defence Headquarters
Ottawa, Ontario
K1A 0K2

Quartier Général de la Défense Nationale
Ottawa (Ontario)
K1A 0K2



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE
1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

November 26, 1981

M E M O R A N D U M

TO: Corporate Members
Licensing Authorities

FROM: Hubert Drouin
Executive Director

Please find enclosed a letter received from Mrs. Sharon French, Adviser, Dental Health Standards, Department of Health & Welfare, and our response. Much concern has been expressed about this Working Group and the primary reasons for its establishment.

You are encouraged to respond and to make your views known to the Department of Health & Welfare. (I would appreciate receiving a copy).

Encl.
HED/ssd

c.c. CDA Board of Governors
Presidents, Specialty Sections
Deans, Faculties of Dentistry



APPENDIX C (ii)

CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

November 26, 1981

Mrs. Sharon B. French
Adviser, Dental Health Standards
Health Services Directorate
Health Services & Promotion Branch
Dept. of National Health & Welfare,
Ottawa, Ontario
K1A 1B4

Dear Mrs. French:

I am pleased to acknowledge receipt of your letter of October 1st in which you advise the CDA of the establishment of a Working Group on the Practice of Dental Hygiene.

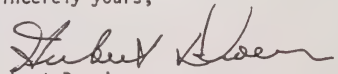
There is an apparent imbalance in the composition of this Group which is largely made up of hygienists and, with the exception of a private practitioner, does not appear to represent those who actually deliver dental health care. Given the terms of reference listed with your letter, the validity of any report produced by the Group would be questionable. It is also difficult to identify the primary reason for having established the Group.

You may be interested to know that the CDA has a Council on Health Care responsible for Dental Services, Auxiliary Services and Public Health and Preventative Dentistry. This Council has representation from the ten provincial associations as well as the Canadian Dental Hygienists' Association and the Canadian Dental Nurses' and Assistants' Association. Meetings are held regularly to offer appropriate recommendation to the profession and affiliated groups in the practice of dentistry.

We would strongly urge you to review the aims and objectives of this Working Group and to reconsider the composition of its members before proceeding any further.

Please let me know if I may be of further assistance.

Sincerely yours,


Hubert Drouin,
Executive Director

c.c. Mr. Dennis Kealy
A/Dir. General, Health Services
Directorate 102
b.c.c. Dr. M.M. Law



DALHOUSIE UNIVERSITY
HALIFAX, N.S.

DEAN OF THE FACULTY OF DENTISTRY

NOV 23 1981

November 17, 1981

Ms. Sharon French
Adviser, Dental Health Standards
Health Services Directorate
Department of National Health & Welfare
Ottawa, Ontario
K1A 1B4

Dear Ms. French:

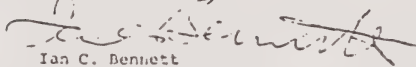
Thank you for your letter of October 1, 1981, informing me of the creation of a Working Group on the Practice of Dental Hygiene.

My initial reaction on reading this letter was that, unless I had any questions regarding the Working Group, or wished to make a written submission, that no reply was required. However, in a recent conversation with Ms. Kate MacDonald, she has indicated that you would like to hear my views on the Working Group, and I am pleased to provide them.

My primary concern is that I believe any credibility the Group may have will be severely compromised by its composition. As I read the membership list of the Group, it appears that only one individual is a full-time dental practitioner, and it further appears that the vast majority of the members of the Group are dental hygienists. I feel very strongly that any group with the terms of reference that you have outlined, which does not include within its composition a majority of individuals who would be the employers of dental hygienists, and, therefore, responsible for their professional activities, is severely unbalanced, and its views will not receive the consideration they deserve. I am not sure how the Group came to be selected, but I believe your advice in setting up its composition was, unfortunately, bad, and I would suggest most strongly, that you review the composition of the Working Group so that its report may be of some value to the profession of Dentistry, as well as Dental Hygiene.

Please let me know if I can expand on these views in any helpful way.

Yours sincerely,

A handwritten signature in dark ink, appearing to read 'Ian C. Bennett', with a long horizontal flourish extending to the right.

Ian C. Bennett
Dean

ICB:pm

cc K. MacDonald
blind copy to Dr. J. Christie
Dr. D. Williams

Dr. B.P. Martinello - December 17/81



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE
1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

MEMO TO: Corporate Members
FROM: Hubert Drouin
Executive Director
DATE: October 15, 1981
SUBJECT: Working Group on Oral
Hygiene

Recently you may have received a request from Health and Welfare Canada through Mrs. Sharon French pertaining to the terms of reference for a working group on oral hygiene.

Concern has been expressed about the real objectives of such a group and careful consideration should be given to this request before providing any response.

This matter will be investigated with the Department and I would ask you to withhold sending a reply until additional information is made available.

HD:dt

A handwritten signature in cursive script, which appears to read "Hubert Drouin".



Health and Welfare
Canada

Santé et Bien-être social
Canada

Health Services
and Promotion
Branch

Direction générale
des services et de la
promotion de la santé

APPENDIX C (ii)



Your file Votre référence

Our file Notre référence

OCT 1 1981

Mr. Hubert Drouin
Executive Director
Canadian Dental Association
1815 Alta Vista Drive
Ottawa, Ontario
K1G 3Y6

Dear Mr. Drouin:

In March 1981, the Department of National Health and Welfare established the Working Group on the Practice of Dental Hygiene. The preliminary terms of reference and the composition of the Working Group are attached.

Mrs. Marnie G.E. Forgay, Chairman of the Working Group, has asked me to send you this letter for three purposes. They are:

- to inform you of the existing composition and terms of reference of the Working Group;
- to ask if there are any questions general or specific which you feel the Working Group should address;
- to inquire whether you wish to make a written submission for consideration by the Working Group.

It is likely that the Working Group will meet over the next one-and-a-half to two years before finalizing its report.

Communications with the Working Group may be sent to me at the following address, since I am co-ordinating the Working Group.

Mrs. Sharon B. French
Adviser, Dental Health Standards
Health Services Directorate
Health Services and Promotion Branch
Dept. of National Health and Welfare
Ottawa, Ontario
K1A 1B4

Yours sincerely,

Sharon B. French
Adviser, Dental Health Standards
Health Services Directorate
(613) 992-6795

c.c.: Mrs. M.G.E. Forgay
Chairman

Ottawa, Ontario
K1A 1B4

Ottawa, Ontario
K1A 1B4

Canada

WORKING GROUP ON THE PRACTICE OF DENTAL HYGIENE

TERMS OF REFERENCE

1. To examine current practices and available guidelines for the practice of dental hygiene.
2. To identify areas of practice of dental hygiene for which guidelines are needed, including dental public health/community dentistry, dental health promotion, private practice, institutional practice and dental health research.
3. To conduct a literature review on the practice of dental hygiene and relevant practice standards and guidelines for other health services.
4. To construct, if feasible, a model for the practice of dental hygiene.
5. To prepare guidelines for the practice of dental hygiene, make appropriate recommendations and submit a written report.

SEPTEMBER, 1981

WORKING GROUP ON THE PRACTICE OF DENTAL HYGIENE

MEMBERSHIP LIST

- Mrs. Marnie Forgy (CHAIRPERSON)
Professor, School of Dental Hygiene
University of Manitoba
780 Bannatyne Avenue
Winnipeg, Manitoba
R3E 0W3
(204) H 452-2170
O 786-3574 or 786-3683
- Mrs. Carol Kline
Community Services Co-Ordinator
Program of Dental Hygiene
Faculty of Dentistry
University of British Columbia
2075 Wesbrook Place
Vancouver, British Columbia
V6T 1W5
(604) H 261-6868
O 228-3594
For Mailing Use
1136 West 40th Avenue
Vancouver, British Columbia
V6M 1V2
- Ms. Joanne Clovis
Dental Health Consultant
Community Health Services
Department of Social Services
and Community Health
Seventh Street Plaza
10030 - 107 Street
Edmonton, Alberta
T5J 3E4
(403) H 476-6596
O 427-5403
- Dr. Roger L. Ellis
Department of Dental Health Care
Faculty of Dentistry
Dentistry - Pharmacy Centre
University of Alberta
Edmonton, Alberta
T6G 2N8
(403) H 436-9404
O 432-3631
- Dr. C.T. McNichol
1133 Seventeenth Avenue, N.W.
Calgary, Alberta
T2M 0P7
(403) H 289-4277
O 289-3746
- Dr. M.H. Lewis
Executive Director
Saskatchewan Health Dental Plan
T.C. Douglas Building
3475 Albert Street
Regina, Saskatchewan
S4S 6X6
(306) O 565-4581
H 584-2377
- Mrs. Diane Girardin
Box 22
La Salle, Manitoba
R0G 1B0
(204) H 736-4066
O 775-3502
- Mrs. Pat Johnson
Oak Deane, R.R. 2
Aurora, Ontario
(416) H 727-1433
- Miss Carole Ono
Co-ordinator, Dental Auxiliary Programs
Seneca College of Applied Arts and
Technology
Leslie Camous, 1255 Sheppard Ave. E.
Willowdale, Ontario
M2K 1E2
(416) H 787-2213
O 494-8907
For Mailing Use
419 Bedford Park Avenue
Toronto, Ontario
M5M 1K2
- Mme. Sylvie Fréchette
Experte - Conseil en santé dentaire
Département de santé communautaire
Centre Hospitalier Sainte-Justine
3175, chemin Sainte-Catherine
Montréal (Québec)
H3T 1C5
(514) H 667-0483
O 342-9322
- Miss Kate MacDonald
Director
School of Dental Hygiene
Dalhousie University
Room 516B, Dental Building
5981 University Avenue
Halifax, Nova Scotia
B3H 3J5
(902) H 455-8868
O 424-2281
- Mrs. Sharon B. French (CO-ORDINATOR)
Adviser, Dental Health Standards
Health Services Directorate
Dept. of National Health and Welfare
Ottawa, Ontario
K1A 1B4
(613) O 992-6795
H 820-1196

ACTION LIST
Working Group on the Practice
of Dental Hygiene

1. Marnie Forgay, Chairperson
2. Chal McNichol
3. Joanne Clovis
4. Carol Kline
5. Carole Ono
6. Sylvie Fréchette
7. Diane Girardin
8. Pat Johnson
9. Michael Lewis
10. Roger Ellis
11. Kate MacDonald
12. Sharon French, Co-ordinator

APPENDIX C (ii)

Mamie Forgay

1. Task - Write CDHA President Pat Grant re: - status of Portability Study
- "policy" or unofficial comments from CDHA re National Boards in Dental Hygiene

Time November 7, 1981

2. Task - Research Conference Proposal
 - Consult the Man. resource persons and others (e.g. M. Darby)
 - Prepare submission for NHRDP
 - Have proposal critiqued by Manitoba Contacts
 - Circulate to members of W.G.P.D.H. and specific requests to some for critiquing be self and "others".

Time - Circulate proposal - Dec. 20/81
Submit proposal - Jan. 15/82

3. Task - Preparation of project formulation grant proposal
 - Consult the appropriate resource persons
 - Prepare proposal
 - Submit to WG members for critiquing and comment
 - Submit proposal

Time - W.G. Circulation Feb. 1/82
Submit to NHRDP Feb. 28/82

4. DH's and I.D. Contacts - Carole Ono - Nov. 7/81

Chal McNichol

1. Characteristics of private dental practice settings
 - a) types
 - b) profile of average dental hygiene private practice workplace
3. Attitudes of interst groups to developing roles and practice settings of dental hygiene (with Diane)

Joanne Clovis

1. Legislation
Review and update the Alberta section, verify through all Associations, and forward to Kate by the end of November.
2. Dental Hygiene Contact with other Health Professionals
Forward to Carole Ono:
 - a) a list of senior and supervising dental hygienists in Alberta community health
 - b) my own position description
3. In support of the Working Group, encourage Dr. Curry to respond to the October 10 letter
4. Relationships of Dental Hygienists to other Dental Professionals
- send additional information to Carol Kline on continuing education co-operation, and co-op proposals, papers, etc.
5. Community Health (Sub-Committee Sharon, Michael, Sylvie, Joanne) in conjunction with Pat and as a part of "Practice Settings" (Dec. 15?)
 - a) investigate and report on education programs for Dental Hygienists at undergraduate and graduate levels (Sharon: U. of T.)
 - b) investigate and report on current roles for hygienists in community health in consulting, administrative and primary delivery positions at the national, provincial and regional levels
 - i) Sylvie and Joanne to develop a questionnaire for expanded new roles in consulting and administration to be mailed to Provincial Dental Directors and Regional where Province doesn't have authority e.g. Vancouver (Questionnaire to be circulated to Working Group members for inspect).
 - ii) Sylvie and Joanne to develop a questionnaire (if needed, after due consultation with Pat) for hygienists who are deliverers of primary services in community health.
 - c) investigate and formulate potential future roles by examining traditional functions of hygienists in community health and proposing new roles in light of current research and available personnel.

Carol Kline

1. Verify responses of support from British Columbia
2. Locate "history of CDHA" materials - contact Marjorie
3. Validate British Columbia req/lic - send to Kate by end of November
4. Relationship to other dental personnel
 - a) forward materials to Michael for inclusion of legislation picture
5. Relationship of dental hygienists to other dental professions
 - a) receive information from all provinces (Alberta's already received) that exist re: rep. association, advisory boards, committee memberships, consultant liaisons, private practice, Dental Health promotion, continuing education joint ventures (by Dec. 15)
6. Practice Settings:

indicate: by table and discussion

- a) by table - trends who, where, how, why
- b) by table - job satisfaction in relation to practice settings
- c) by table - educational qualifications
 - traditional/basic level
 - expanded/extended functions
 - degrees attained
 - DH with other credentials
 - oral health facilitator

Resources: library

literature review copies to be received from Pat Johnson

update from CDNAA (Marlene)

Statistics Canada data since 1976

7. *Somehow Pat Johnson to tap Don Lewis' raw data as it relates to educational qual/settings immediately
8. Receive info. from Pat Johnson from small survey re: non-traditional roles
9. List of names and addresses of DH working with other health professionals to Carole Ono by November 7

Carole Ono

1. Refocus study of area "Relationship of DH to other Health Personnel" to a more general level and is to include study on the following levels:
 - a) students
 - b) graduate
 - c) organizations
 - d) institutions
 2. Coordinate this area of study with P. Johnson to avoid duplication of requests for information and duplication of work.
 3. Share related information with P. Johnson.
 4. Send follow-up letter requesting information from individual DH identified by the other working members (coordination with P. Johnson).
 5. Request Ailsa Wood (ODHA Pres.) to send Ontario History of DH to Kate MacDonald.
 6. Have RCDS validate information on Kate's legislation grid.
 7. Encourage groups to respond to Sharon's letter re working group.
 8. Re dental hygiene practice settings
 - Develop section 2.7: Characteristics of Institutional Practice Settings for DH
 - initial draft to P. Johnson by December 15
 9. Identify source, dates, etc. of all information
 - telephone calls, conversations
 10. Send to Carol Kline informal and formal relationships which exist between DH and other dental personnel
 - i.e. - dental health week
 - advisory boards
 - liaison committee
- by January 30.

Sylvie Fréchette

1. Dental hygiene practice settings:
 - 2.4 Characteristics of Public Health/Community Health Settings (with Joanne Clovis)
 - 2.4.1 Contact Quebec Provincial Authorities (Benoit Lafontaine)
 - 2.4.2 Contact Community Health Department in Quebec
 - 2.8 Characteristics of Dental Health Research on DH Practice Settings
 - 2.8.1 Contact A.D.H.A. (Denise O'Brien)
 - 2.8.2 Contact C.D.H.A.
 - 2.8.3 Contact dental hygiene schools and faculty of dentistry
2. History and evolution of dental hygiene in Quebec and inform Kate McDonald.
3. Relationships with other health professionals
 - investigate relationships that exist with other health professionals in the field of Public Health/Community Health in Quebec and inform Carole Ono.
 - give a list of D.H. to Carole Ono.
4. Licensure
 - revise with the P.C.D.H.Q. this documentation on licensure submitted before and inform Kate McDonald before November 30.
5. Supervision
 - ask P.C.D.H.A. for a definition of supervision.
6. Manpower
 - contact dental hygiene schools, P.C.D.H.A., and Q.D.H.A. for information and inform Roger Ellis.
7. Addresses
 - send a few addresses to Diane Girardin.
8. Ask for answers and support from the different organizations contacted before by Sharon French.
9. Formal and informal relationships such as committee memberships, committee projects consultant role, advisor head role.

Diane Girardin

1. Validate information on grid re: licensure (Kate) in Manitoba by November 30th.
2. Inform Carole Ono of individuals (name, addresses, phone numbers) who are working with "other health professionals".
3. Report to Pat by December 15th:
 - A. Characteristics of
 - 1) Canadian Armed Forces as D.H. practice settings
 - 2) Dental manpower educational settings for DH
 - B. Attitudes of interest groups to developing roles and practice settings of D.H. (with Chal)
 - 1) literature review
 - 2) personal contacts (letters, calls)
4. Provide Kate with information on history of D.H. in Manitoba.
5. Contact individuals who received letters re: working group, asking for comments and support.
6. Find copy of article stating 53% of work force are women.
7. Informal and formal relationships that exist between hygienists and other dental personnel.

P. Johnson

1. Review section outline, revise as suggested and indicate areas of specific responsibility for myself and others. Circulate to members for feedback.
2. Review current articles and resource materials in my possession, copy as necessary and mail to appropriate sub-committee members.
3. Contact agencies and persons in Ontario who have received letter announcing Working Group and encourage their support and acknowledgement.
4.
 - Continue to identify resource persons for section and mail questionnaires.
 - Thank Jo for her help.
 - Write section members for input on this when sending articles.
 - Circulate copies of questionnaires, and have sub-committee members indicate those questions for which they want to see responses. Maintain a master copy.
 - As responses arrive, forward selected photocopied responses to appropriate S.C.M.
 - Prepare draft copy of:
 - 1.2 methodology
 - 1.3 scope of section
 - 2.1 types of settings
 - test
 - refine table - check figures with Don
 - 2.3 continue literature search on evolving private practice settings.
 - Contact Terry Kearns, Sault Ste. Marie
 - Chal re figures on ind. contractor DH
 - Obtain Toby Segal report
 - Communicate with Chal
 - 2.9 prepare draft on dental industry
 - 2.10 prepare draft
 - 2.11 prepare draft

December 1 - letter to SCH
7. December 15 - hopefully have received all background papers and review them.
8. Provide overview to SCM and, where necessary, identify more needs.

9. Integrate into final draft report - as total background paper.
10. Maintain written records of all personal communications.
11. Prepare bibliography.
12. Circulate draft to Working Group by April 1, 1982
13. Consider need for questionnaire to meet needs of all SCM.

Michael Lewis

1. Review legislation chart for Saskatchewan and make changes by November 30.
2. Rework the definitions and add new terms.
3. Review legislation as it affects the practice setting by December 15, 1981.
4. Provincial health personnel statistics and requirement forecasts.
5. Request Wascana Institute, College of Dental Surgeons and College of Dentistry to respond to Sharon's letter.
6. Name and address of Patti Showers to Carole Ono.
7. Formal and informal relationships that exist between dental
committee relationship
advisory boards
hygiene and other dental personnel.

Roger Ellis

Continue working on dental hygienist personnel supply section by:

- continue review of literature;
- contact various bodies with respect to up-dated figures and Simon Allan, Ron House;
- develop tables particularly with reference to trends;
- review reference articles with respect to related controversies:
 - dental manpower supply
 - doubly qualified personnel
 - dental personnel/population ratios
 - future practice needs
- write up an initial draft which can be too long with possibility of editing.
- circulate for comments before end of April.

P.S. Encourage Dr. Martinello and Dean Thompson to respond to letter.

APPENDIX C (ii)

Kate MacDonald

1. Update licensure grid.
2. Write historic background of D.H. and send to Pat Johnson by December 15.
3. Review supervision and its effect on practice settings and send to Pat Johnson by December 15.
4. Encourage people in N.S. who have received letters on Working Group to respond to Sharon.
5. Send names and addresses of hygienists working where there are interdisciplinary contacts to Carole Ono.
6. Forward information regarding formal and informal relationships that exist between dental hygiene and other dental groups to Carole Kline.

ACTION LIST

S. French

1. Revise Minutes June meeting.
2. Send Minutes June meeting.
3. Draft Minutes October meeting.
4. Action List - send out ASAP after meeting.
5. History of DH in Department - copy to Kate.
6. Get copies of other than 77 and 79 surveys from Statistics Canada on DH for Roger.
7. Send list of F/P Advisory Committee on Health Manpower membership to Roger and Carol Kline.
8. Get Roger copies of older Canada Health Manpower Inventories and Surveys by S. French.
9. Prepare definitions of practice by L. Krol and send to Working Group by November 10.
10. Copies of letters to other U.S. hygienists in independent practice to P. Johnson.
11. Call Jerry Dafoe, C.P.H.A. re
 - MPH programs in Canada
 - MHA programs in Canada
 - ? list
12. Review draft questionnaire for community dental health prepared by J. Clovis.
13. Dental health practice settings:
 - item 2.2 comparisons to other countries - look for information.
14. Location fourth meeting
 - ? Banff or Ottawa
15. Send letters to provincial dental hygienists' associations
16. Check with Mr. Pamenter, NSDA, received letter.
17. Copy accreditation article, JDE, in one of the last three issues and send to working group.

18. Send Connier book on public health to Carole Ono when it comes in.
19. Send CPMA 1971 document re DH recommended levels and salaries to Joanne Clovis.

Ask Gerry Lamothe to call Kate MacDonald re education.
20. Contact Don Lewis re access to DH data - need specific runs!!



Health and Welfare Canada Santé et Bien-être social Canada

Health Services and Promotion Branch Direction générale des services et de la promotion de la santé

APPENDIX C (ii)

January 30, 1981

Your file Votre référence

Our file Notre référence

Dr. Gilbert Utas,
President,
Canadian Dental Association,
1815 Alta Vista Drive,
OTTAWA, Ontario.
K1G 3Y6

FEB 3 1981

Dear Dr. Utas:

The Department of National Health and Welfare is planning to sponsor a Working Group on the Practice of Dental Hygiene to develop guidelines in the area of dental hygiene. I would like to ask your Association to nominate experts to sit on such a working group. The total number of members will be approximately eight and when the final selection for the Working Group is made in the Department, regional distribution, the type of expertise required and official languages spoken will be among the factors considered.

Highly-qualified dental hygienists, e.g. educators from schools of dental hygiene and dental hygienists with extensive private practice and public health experience are suggested.

Dentists with extensive knowledge in the education and practice of dental hygienists, e.g. periodontists/educators, and public health dentists should also be considered. Oral epidemiologists would be able to assist with the statistical analysis of recent studies.

Dr. Gilbert Utas

The purpose of the Working Group will be to review the literature, to make recommendations and to prepare a report for publication. Approximately six to eight meetings are estimated to be required over the next two years. Considerable study and writing will be required as well.

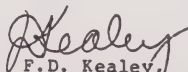
The Department will pay travel expenses for Working Group meetings, according to government regulations, and will provide secretariate services including computer literature searches and printing of the final report in French and English.

Two dental reports on preventive dental services and oral radiological services have already been produced by working groups. Copies are attached for your information. The Working Group on Oral Health Surveys has held its first meeting.

The first meeting of the proposed Working Group on the Practice of Dental Hygiene will be held in March, 1981. Since there is some urgency to receive the names of nominees as soon as possible, may I request that the deadline for receipt of nominations be Friday, February 27, 1981?

Thank you for any assistance you can provide.

Yours sincerely,



F.D. Kealey,
A/Director-General,
Health Services Directorate

CDA STATEMENT REGARDING DENTAL HYGIENE

Dental hygienists were developed by the dental profession to provide delegated dental hygiene services to patients while under the supervision of a dentist. Dental hygiene services are an important part of the total oral health care of the patient. Such services are an integral part of the overall patient treatment plan which is developed by the dentist and therefore must be completed under adequate dental supervision within the context of the overall dental needs of the patient. The dentist maintains legal responsibility for the total dental care of the patient and is professionally responsible for services provided by the dental hygienist.

The systems of education and licensure of dental hygienists are based on the auxiliary status of the dental hygienist. Dental hygienists are educated to perform dental hygiene functions under the supervision of a dentist. The educational and the provincial licensing systems historically have maintained this relationship between dentists and dental hygienists. The current accreditation standards continue to reinforce that responsibility. The dental hygiene curriculum prepares the graduate to perform delegated functions competently as a licensed dental hygienist.

The dental profession is committed to the importance of a comprehensive oral health care program for patients. Diagnosis, preventive services, restorative care and health maintenance are viewed as inseparable components of an integrated dental care program.

During the past several decades, dentists and dental hygienists working together have greatly enhanced the therapeutic and preventive dental services available to the Canadian public. The combined efforts of the dental profession, provincial licensing boards and dental hygiene are essential to increase the access to and provision of dental care and the maintenance of high standards of practice and education.

Amended copy - March 19, 1982
Adopted Board of Governors

CDA SUPPLEMENTARY POLICY STATEMENT ON SUPERVISION
(1974 TRANSACTIONS)

RESOLVED

Implicit in the interpretation of the meaning of effective supervision by a dentist of the services of allied dental health personnel is the requirement on the dentist to assume ultimate responsibility for the nature, extent and quality of the dental care or service received by his patient. More specifically:

1. The dentist will be responsible for delineating the scope of services the allied personnel will perform.
2. The dentist will be responsible for assuring that the allied personnel have the training, knowledge, ability and legal qualifications if applicable effectively to perform the duties he has delegated, such duties being those requiring the full knowledge and skill of a licensed dentist but having the limited area of the application of the allied personnel.
3. The dentist will be responsible for assuring himself that the duties assigned have been competently and correctly discharged.
4. The allied dental health worker who renders services directly for a patient will perform his or her duties at the direction of a supervising dentist.
5. The CDA supports the policy that the presence of a dentist is required when intra-oral dental services are performed by auxiliary personnel. The presence of a supervising dentist will be regulated by the requirements of the Dentistry Act under which the services are being performed.

Approved.

CANADIAN DENTAL NURSES'
AND ASSISTANTS' ASSOCIATION

APPENDIX C (iv)

MAR 5 1982

Office of the
PRESIDENT

204 - 542 - 7 St. S
LETHBRIDGE, ALBERTA
T1J 2H1
FEBRUARY 24, 1982

HUBERT DROUIN
EXECUTIVE DIRECTOR,
CANADIAN DENTAL ASSOCIATION,
1815 ALTA VISTA DRIVE,
OTTAWA, ONTARIO

DEAR MR. DROUIN:

RE: AUXILIARIES ON C.D.A. COUNCILS

WE WISH TO SUBMIT THIS LETTER TO THE MEETING OF THE BOARD OF GOVERNORS
BEING HELD ON MARCH 20, 1982 FOR THEIR CONSIDERATION AT THAT TIME.

AFTER MANY YEARS AS OBSERVERS AT COUNCIL MEETINGS WE WERE GIVEN
RECOGNITION AS VALUABLE AND CONTRIBUTING MEMBERS OF THE DENTAL HEALTH
TEAM BY BEING GRANTED FULL MEMBERSHIP STATUS IN 1979. THIS WAS
ACHIEVED BY DILIGENT PERSISTENCE AND HARD WORK ON BEHALF OF THE AUXILIARY
ASSOCIATIONS. SINCE THIS TIME WE FEEL THAT COMMUNICATIONS BETWEEN OUR
ASSOCIATIONS HAS GREATLY IMPROVED. WE BELIEVE THAT COUNCIL MEMBERS
THAT HAVE WORKED WITH OUR AUXILIARY REPRESENTATIVES WOULD HAVE TO SAY
THAT THEY HAVE BEEN EAGER, HARD WORKING MEMBERS OF THE COUNCILS. THEY
LEND A BALANCING PERSPECTIVE PROVIDING A DIFFERENT VIEW TO THE SUCCESS
OF THE DENTAL PROFESSION AS A WHOLE.

WE URGE YOU TO RECONSIDER YOUR MOTION ON TERMS OF REFERENCE FOR THE
COUNCILS ON EDUCATION AND HEALTH CARE AND LOOK FORWARD TO AN EARLY REPLY.

WITH BEST WISHES,

SINCERELY,

Barbara J. Peterson

BARBARA J. PETERSON, C.D.A.
PRESIDENT C.D.N.A.A.



Meeting of Representatives of
Provincial Dental Licensing Authorities

January 9, 1982

The Inn at Denman Place

Vancouver, B.C.

Present: Dr. J.G. Landry, Quebec, Chairman
Dr. C.E. Gosselin, Quebec
Dr. K.F. Pownall, Ontario
Dr. C. Doughty, Ontario
Mr. R.H. McIntyre, Manitoba
Dr. R.R. Crawford, Manitoba
Dr. G.H. Peacock, Saskatchewan
Dr. B.P. Martinello, Alberta
Dr. G.R. Thordarson, B.C.
Mr. K.L. Croft, B.C.
Dr. B.L. Bowden, Newfoundland
Dr. T. Gushue, Newfoundland
Dr. R.D. Wenn, P.E.I.
Dr. S.G. Bagnall, Nova Scotia
Mr. D.V. Pamenter, Nova Scotia
Dr. J.G. Thompson, New Brunswick
Col. J.N. Wright, CFDS
Dr. G.E. Utas, CDA

The meeting was called to order at 9:00 a.m.

As a basis for initiation of discussion reference was made to the motion of the ad hoc committee meeting of June 5, 1981.

The participants supported the proposal of a need for a meeting of the representatives of the provincial dental licensing authorities.

All of the participants agreed that there should be no interference with CDA, no attempt to parallel or duplicate CDA activities, with all efforts directed toward cooperation and assistance in an advisory capacity in pertinent areas.

APPENDIX D

A majority of those present felt the meeting should take place outside the framework of CDA.

All representatives indicated that there must be liaison with the Canadian Dental Association.

The format of the meeting should be similar to that used for the Secretaries' Conference.

It was suggested that the Presidents of the organizations should be included in the meeting.

It was agreed that there would be no formal structure; merely a chairman and secretary elected to organize the next meeting.

Funding for the meeting should come from the Licensing Authorities only.

The following resolution was presented:

WHEREAS there appears to be a need to establish a forum for discussion and exchange of information among provincial organizations which administer legislation governing the practice of dentistry, therefore

BE IT RESOLVED

1. THAT a conference of Provincial Dental Licensing Authorities be formed and
2. THAT a chairman and secretary be appointed at this meeting to organize the next conference
3. THAT two representatives of each licensing authority be invited to attend
4. THAT conferences be held in conjunction with another national meeting
5. THAT CDA, NDEB and CFDS be invited to send one observer each at their own expense
6. THAT representatives of other appropriate groups may be invited as observers from time to time.

ADOPTED

(9 in favour 1 abstained)

APPENDIX D

The ballot is to be considered valid only after representatives have presented the resolution to their respective Boards and it has received ratification.

RESOLVED:

THAT the expenses of the meeting will be shared by the participating organizations on a per capita basis as related to one representative per organization.

ADOPTED

The suggestion for funding on the basis of assessment of \$1.00 per dentist was not accepted as this could lead to a surplus (or deficit) requiring further structure which was not desirable. The adopted resolution would cover one meeting at a time with no carry-over.

Dr. K. Pownall was elected to the position of Chairman for the next meeting and Dr. Chas. Gosselin elected Secretary.

The next meeting was set for Saturday, December 11, 1982 in Montreal the day following the Secretaries' Conference (December 9, 10/82). An agenda for the remainder of the meeting was drawn up and the following subjects were addressed:

1. Liaison with CDA

CDA would be invited to appoint a representative to each meeting.

CDA would receive the notice of meeting and the minutes following the meeting.

The meeting would welcome requests from CDA for advice on matters where their expertise could be of value and conversely could request the same from CDA.

An example of common concern was cited in the area of peer review.

2. Representatives of Licensing Authorities on the CDA Board of Governors

This was pertinent to Ontario and Quebec only, as the other provinces do not have completely separate provincial organizations.

Ontario RCDSO stated that they enjoyed good liaison with the ODA and through their governors to the Board of CDA. As well the President and Executive Director were invited to all board meetings and were welcome to participate in discussions. The RCDSO did not want a representative on the CDA Board.

The ODQ felt the same way as RCDSO in spite of having enjoyed a governor in the past (except for last August). The ODQ representatives felt content with the new format of meetings.

3. Insurance for dentists facing disciplinary action.

After considerable discussion, it was decided this matter should be taken back to the respective Boards for further discussion.

4. Mandatory malpractice insurance

A polling of the representatives indicated the number of provinces who now have the legislation, those with pending legislation and those who have none. Advantages and disadvantages of mandatory coverage as well as methods of administration were discussed.

5. Movement by Dental Hygienists to attain their own malpractice insurance.

Concerns were voiced relating to the ramifications of this movement especially in light of the present discussions relative to supervision and independent practice.

6. Registration of dental specialists in more than one specialty

Information from the provinces permitting dual registration proved helpful to one jurisdiction experiencing difficulty due to legislation restricting a registered specialist to the practice of his specialty.

7. National Dental Examining Board

Participants discussed the policy of alternating sites for NDEB examinations.

8. Continuing Education

The discussion centred on the mandatory aspect of continuing education, its relevance and its relationship to peer review.

The four western provinces now have legislation governing mandatory continuing education and Quebec and New Brunswick monitor credit points.

9. New Dental Legislation

An exchange of information on current legislation in different jurisdictions could prove beneficial to those provinces formulating new dental acts.

Participants expressed satisfaction with the results of the meeting and the formula for the next meeting in December, 1982.

The meeting adjourned at 4:00 p.m.

G.E. Utas, D.D.S.
Immediate Past-President
Canadian Dental Association

PRODUCT ACCEPTANCE

REPORT OF THE PRODUCT ACCEPTANCE COMMITTEE
TO THE 1982 INTERIM BOARD OF GOVERNORS

Members: Dr. W.B. Chapple, Port Hope, Chairman
 Dr. D.W. Banting, London, Ontario
 Dr. R.Y. Barolet, Ste-Foy, Quebec
 Dr. G. Nikiforuk, Toronto, Ontario
 Dr. R. Roydhouse, Vancouver, B.C.
 Dr. W.C. Sturtridge, Toronto, Ontario

1. Committee Meeting

The Committee on Product Acceptance held one meeting since the last Board of Governors meeting, that being on December 9, 1981, at the headquarters building in Ottawa.

2. Matters for Board Information

A full review of advertising was conducted to ensure that the television announcements did in fact conform to the standards of the Association as described in the agreements with each of the following companies: Beecham Canada Limited, Colgate-Palmolive, Lever Brothers, Proctor & Gamble and Warner-Lambert.

The most noteworthy information is the increase in the therapeutic agent in the formulae of Colgate-Palmolive, Proctor & Gamble and Lever Brothers to approximately 1,000 ppm and the introduction of a gel formula. These modifications have all been approved and the new products are now being marketed.

PRODUCT ACCEPTANCE

Matters for Board Information - Continued

The Committee is scheduled to meet once again in February or March to consider additional applications by W.S. Merrell (Cépecol), Certalab (Pressdent) and Beecham Canada (Macleans).

Respectfully submitted,

W.B. Chapple
Chairman
Product Acceptance Committee

TAXATION COMMITTEE REPORT

Members: Dr. R.N. Hicks - Chairman
Dr. D.E. Williams, President
Dr. W.R. Thompson, President-Elect
Dr. G.E. Utas, Past-President

This report is to bring the members of the Board of Governors up to date on the activities of the Taxation Committee since the Annual Meeting on August 28-29, 1981 in Calgary, Alberta.

1. Duty on Imported Dental Materials

In September, 1981, discussions continued with the Department of Finance in our effort to remove the duty that was placed on all imported dental materials in the Fall 1980 budget.

A report on the final telephone conversation with the Department of Finance is attached to this report for your information.

Appendix I

The final outcome of our endeavours was that the Fall 1981 budget removed the application on most imported dental materials but retained duty on the most widely used material, i.e. dental amalgams and other similar dental filling materials. The Department of Finance stated that they accepted Johnson and Johnson's request for tariff protection on amalgams and they have also accepted J. & J.'s most recent request for tariff protection on composite type dental filling materials.

A copy of the new tariff item dealing with dental materials is attached to this report for your information.

Appendix II

The additional dutiable items are retained to protect Canadian dental laboratories and a few Canadian dental material manufacturers.

2. Federal Budget Speech - November 12, 1982

The Taxation Committee provided information on the potential impact on dentists and their dental practices immediately following the budget speech. After reviewing this information with accounting and legal advisors, a full report was prepared and circulated to the members of CDA by the President.

An additional report on budget issues was prepared by our legal advisors at McMillan-Binch. This report was also circulated to the members of the CDA.

Final legislation has not occurred on most budget items at the time of writing this report. Some budget items have been altered since the November 14th presentation. A final review and statement on the impact on dentists and their practices will be prepared by the Taxation Committee following completion of the budget legislation.

Taxation Committee Report - continued

3. Employer Contributions to Private Dental Plans

The Minister of Finance announced in his November Budget speech that employer contributions on behalf of employees are to be treated as taxable income in the hands of the employee. This decision by the Federal Government gives the Taxation Committee considerable concern. The end effect could be a disincentive for employers and/or employees to continue utilization of dental insurance plans.

The President of the CDA has written a letter on this matter to the Minister of Finance and has also presented our views to the Progressive Conservative Party Task Force which is receiving submissions on budget issues.

4. Improvement of Retirement Income Provisions

During the past year, the CDA Taxation Committee has been attempting to put together a Joint Professional Committee to study improvement in pre-tax retirement savings opportunities. We have approached and received agreement to participate from the Canadian Medical Association and the Canadian Institute of Chartered Accountants.

Considerable preliminary work has been done in the initial meetings. The report from the September 28, 1981 meeting provides an insight into the issues the Joint Committee are considering and is attached to this report for your information.

Appendix III

However, at the outset of this project, it was clearly identified that the participation of the Canadian Bar Association was mandatory to be successful in any attempts to change the existing situation. The C.B.A. participation is necessary to provide a "united" view on this issue by the four "major" professions in Canada. Following our initial studies, additional professions and self-employed groups may be approached to join in presentation to government.

Unfortunately, the acceptance by the Canadian Bar Association to participate in this project has not been achieved at the time of writing this report. A letter to the President of the Canadian Bar Association has been sent by the Chairman of the Taxation Committee, requesting C.B.A.'s participation. The C.B.A.'s executive will be meeting in late January and a decision from them is expected.

Appendix IV

5. An update on taxation issues will be provided to the Board of Governors March Interim meeting if changes exist in the above items.

Respectfully submitted

R.N. Hicks,
Chairman
Taxation Committee



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

October 23, 1981

Mr. Hubert Drouin,
Executive Director,
Canadian Dental Association,
1815 Alta Vista Drive,
Ottawa, Ontario
K1G 3Y6

Dear Hubert,

Re: Telephone Conversation with Mr. Satherstrom
Department of Finance - Regarding DENTAL
MATERIAL TARIFFS

Following the meeting between yourself, Mr. David Matheson (McMillan, Binch) and Mr. Russell, (Director of Tariffs, Department of Finance) plus certain members of his staff (including Mr. Satherstrom), I received a telephone call from Mr. David Matheson requesting additional technical information regarding the use of certain dental materials.

Mr. Matheson identified that Mr. Satherstrom had been given the responsibility by Mr. Russell to receive information from the Canadian Dental Association regarding comments on the potential re-wording of Tariff Item 47810-1, opinions on the items within this tariff item that should be duty free, and also suggestions as to the rate of duty that C.D.A. feels should be applied to dental materials that the Department of Finance decide should receive tariff protection. After a lengthy discussion, Mr. Matheson recommended that he would call Mr. Satherstrom to provide recommendations regarding the wording of Tariff Item 47810-1 but would suggest that Mr. Satherstrom telephone me to receive the information on the individual dental materials within Item 47810-1.

When Mr. Satherstrom telephone, I provided the following comments to his draft of a proposed new Tariff Item 47810 (a copy of which I received the day prior to this telephone conversation from Swiss NF Metals Incorporated - a Canadian company importing gold alloy metal for dental use):

APPENDIX F I

- A. I provided no comments regarding the wording of Tariff Item 47810 but confirmed that Mr. Matheson's comments would stand as the input from C.D.A. I did offer the observation that tariff item wordings were confusing to the dental profession. I hoped that Mr. Matheson's comments would be considered in an effort to clarify the intent of the item.
- B. With regard to the eight numbered specific examples in his draft I provided the following comments:

Item 1: "Other than the following - free"

It was my understanding and the opinion of C.D.A. that all dental materials other than those specifically listed in items 2 through 8 would be duty free.

Item 2: "Dentures, bridges, partial dentures and other similar dental prosthesis - dutiable"

The opinion of C.D.A. was that these imported items would receive tariff protection to support the Canadian dental laboratory industry.

Item 3: "Artificial teeth, not mounted - free"

C.D.A. agrees.

Item 4: "Dental amalgams, whether or not containing precious metals, and other similar dental filling materials - dutiable

The C.D.A. does not agree with these materials receiving tariff protection. There is not sufficient supply of varied types of products in this classification being produced in Canada. The one dental amalgam (i.e. Disperalloy) that is being produced in Canada is produced by a multi-national company employing less than ten employees. The amount of duty that would be collected at the present rates is far in excess of a justifiable amount to protect less than ten jobs. Mr. Satherstrom claimed that this same company (i.e. Johnson and Johnson) plans to also produce a composite type filling material (i.e. Adaptic) in Canada and therefore, the item has been expanded to include tariff protection for it. I stated that our same arguments apply to composite materials as they do to amalgams i.e. only one type of the material will be produced in Canada with a very limited increase

APPENDIX F I

Item 4: in Canadian employment. Also the wording in this item left it open to any "other similar dental filling materials" receiving tariff protection regardless of the circumstances.

Item 5: "Composition metal and plated metal for dental purposes - dutiable"

I explained that the C.D.A. was opposed to this item being dutiable since it was my interpretation and that of others in the dental material supply industry that "composition metals" would include gold alloys. However, Mr. Satherstrom confirmed to me that gold alloys with 10% or greater content (i.e. those used for dental purposes) would continue to be imported under Tariff Item 35900-1 and would be duty free. Mr. Satherstrom assured me that these were metals presently being produced in Canada.

Item 6: "Impression compounds or materials, including waxes, whether or not in kit form - dutiable"

I stated that C.D.A. was opposed to duty being applied to these products because there was no evidence that Canadian manufacturers were producing these materials. Mr. Satherstrom could not provide me with any Canadian sources of supply and therefore he agreed with my comment. However, he would not confirm that these items would be classified as free "in Item 47810-1. He did state two Canadian suppliers of wax bite wafers. I agreed to tariff protection of wax bite wafers following this information.

Item 7: "Investment or casting wax - free"

C.D.A. agrees with this item.

Item 8: "Moulding composition, including dental plasters dental stone and other similar materials for making casts or models - dutiable"

I explained C.D.A. was opposed to these items being dutiable since no Canadian source of supply could be identified. Mr. Satherstrom accepted my comment without rebuttal.

APPENDIX F I

After a general discussion about the process that had occurred to date on the change of tariff rates etc, I asked Mr. Satherstrom if he could tell me what he will be recommending to the Minister of Finance for inclusion in the Fall 1981 budget speech regarding dutiable status of dental materials. Mr. Satherstrom answered that I would have to wait and listen to the budget speech by the Minister.

Mr. Satherstrom asked what duties I felt should be applied to the dutiable items included in Tariff Item 47810-1. I answered that I felt that no duties were justifiable on any of the items included in 47810-1. Mr. Satherstrom asked the question again after stating that the Department of Finance will be recommending duty on some of the items in the draft 47810 proposal. I explained that as a dentist I was certainly not qualified to suggest the percentage of duty to be applied - this was clearly a carefully considered task of those trained to levy tariff protection within the Department of Finance. Mr. Satherstrom persisted with this question and finally I suggested all of the tariffs should be less than 10% and probably be closer to the GATT Agreement (General Agreement on Trade and Tariffs) amount of 9%.

Respectfully submitted,



Dr. Robert Hicks,
Chairman,
Taxation Committee

RH/dt

Attach.

" DRAFT 47810 "

Dental prosthesis and parts thereof; materials, excluding anaesthetics; that form a component part of the foregoing when used in the manufacture of dental prosthesis or that are specifically designed for use during the manufacture of dental prosthesis but do not form a component part thereof; materials for use in dental reconstructive surgery;

- | | |
|---|-----------------|
| 1. Other than the following | Free |
| 2. Dentures, bridges, partial dentures and other similar dental prosthesis | Dutiable |
| 3. Artificial teeth, not mounted | Free |
| 4. Dental amalgams, whether or not containing precious metals, and other similar dental filling materials | Dutiable |
| 5. Composition metal and plated metal, for dental purposes | Dutiable |
| 6. Impression compounds or materials, including waxes, whether or not in kit form | Dutiable |
| 7. Investment or casting wax | Free |
| 8. Moulding compositions, including dental plasters, dental stone and other similar materials for making casts and models | <i>Dutiable</i> |

Note: Goods which would be duty-free in item No. 1 include dental cements, screws, pins, posts, cavity liners or varnishes etc.

BUDGET PAPERS

Supplementary information and
Notices of Ways and Means Motions
on the Budget.

Tabled in the House of Commons
November 12, 1981

"Dental prostheses and parts thereof; materials that form a component part of the foregoing when used in the manufacture of dental prosthesis or that are specifically designed for use during the manufacture of dental prostheses but do not form a component part thereof; materials, excluding anaesthetics, for use in dental reconstructive surgery":

Tariff Item

48001-1	Other than the following	Free
48002-1	Dentures, bridges, crowns and other similar dental prostheses -	
	after Jan. 1, 1982	14.8%
	after Jan. 1, 1983	13.9%
	after Jan. 1, 1984	12.9%
	after Jan. 1, 1985	12.0%
	after Jan. 1, 1986	11.1%
	after Jan. 1, 1987	10.2%
48003-1	Artificial teeth, not mounted, and material for use only in the manufacture thereof	Free
48004-1	Dental casting wax, dental plasters, dental stone, silicas and investment and other similar materials for making casts or models for dental purposes	Free
48005-1	Acrylic moulding compositions, whether or not fully formulated when for use in the manufacture of dental prostheses	10.0%
48006-1	Composition metal, but not including such metals in powder or pellet form for dental purposes -	
	after Jan. 1, 1982	6.8%
	after Jan. 1, 1983	6.5%
	after Jan. 1, 1984	6.3%
	after Jan. 1, 1985	6.0%
	after Jan. 1, 1986	5.8%
	after Jan. 1, 1987	5.5%

APPENDIX F II

Budget Papers - continued

Tariff Item

48007-1	Metal alloys including alloys of precious metals, prepared for use in dental amalgams by the mere addition of mercury; dental amalgams and other similar dental filling materials	12.5%
48015-1	Models and casts used in the manufacture of dentures, bridges, crowns or other similar dental prostheses	Free
48016-1	Dental impression compounds including impression waxes, whether or not in kit form	7.5%



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE
1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

M E M O R A N D U M

October 23, 1981

TO: Mr. Hubert Drouin
Executive Director

FROM: Dr. Robert Hicks
Chairman
Taxation Committee

SUBJECT: Meeting of Joint Professional Committee
Studying "Improvement in Pre-Tax Retirement
Savings Opportunities"

A meeting took place in Toronto, Ontario on September 28, 1981 at the offices of McMillan Binch. Invited to the meeting were Mr. Larry Doan of the Canadian Institute of Chartered Accountants, Dr. Lou Harnick of the Canadian Medical Association, and Dr. Robert Hicks of the Canadian Dental Association. Mr. Tom McDonnell was invited to attend representing the firm of McMillan Binch. An attempt was made to invite a representative of the Canadian Bar Association but the president of the association was not available to authorize such a representative.

The meeting was organized and chaired by the Canadian Dental Association and was the second meeting of the Joint Professional Committee.

Unfortunately, when I arrived at the meeting at 9:30 a.m., I was advised that Mr. Doan of the CICA was unable to leave Halifax at the last minute but would be available during the meeting by telephone. Also, Dr. Harnick of the CMA could not provide significant time to the meeting due to obligations at his hospital which had arisen during the early morning hours. However, Dr. Harnick provided the committee with written reports on the past activities of the Canadian Medical Association and also supplied copies of letters which had been sent to Minister of Finance on this issue.

During the course of the morning, telephone conversations with Mr. Doan in Halifax and with Dr. Harnick in Toronto occurred to gain their input on certain topics. However, the majority of the information included in this report was developed by Mr. McDonnell and Dr. Hicks. A full report of the meeting and a paper describing the recommended thrust of the committee's future activities will be prepared by Mr. T. McDonnell and forwarded to the committee members before November 15, 1981.

The following are general statements and facts concerning issues discussed:

1. Participation in the Joint Professional Committee

It was mutually re-affirmed that the Canadian Dental Association would act as the administrators of the committee's activities and that the representative of the association would act as the committee's chairman.

Dr. Hicks confirmed CDA's participation and financial support of this committee.

Mr. Larry Doan confirmed that the Canadian Institute of Chartered Accountants would be an official participant in the committee and would provide the requested \$2,500 to share in costs of the first stage of the committee's activities. Mr. Doan will be sending a letter to CDA confirming these facts.

Dr. Lou Harnick identified that the Canadian Medical Association would be participating officially in the committee and that the requested \$2,500 would be provided by MD Management Inc. Confirmation of these facts would occur after meetings of MD Management in late October and of the executive committee of the CMA in early November. Letters to CDA will follow the CMA executive meeting.

Participation of the Canadian Bar Association was considered mandatory in this effort in order to produce a "united" image in any future presentations to the Federal Government. It was agreed that Dr. Robert Hicks would contact the President of the Canadian Bar Association (Mr. Paul Fraser - Vancouver) and also additional Canadian Bar Association elected officials in order to gain their support. Mr. Tom McDonnell and Mr. David Matheson (McMillan Binch) will also contact Mr. Les Little (Vancouver) - a taxation lawyer who has expressed interest in this effort - and request Mr. Little's support in influencing the Canadian Bar Association to officially join this committee.

2. Future Meetings of the Joint Professional Committee

It was agreed that this meeting would complete the organizational and exploratory functions of the committee and future meetings would be related to finalizing potential recommendations for changes to existing Retirement Savings Regulations for self-employed people and also discussions on strategies for presentation of our recommendations for change to government.

It was also agreed that future meetings must be attended by all participants in the committee in order for efficient progress to be made. Meeting dates should be planned well in advance so as to coordinate the various busy schedules of the committee members.

Dr. Robert Hicks brought forward the recommendation of the Executive Director of the CDA that future meetings of the committee be held in the CDA Headquarters in Ottawa. Committee members did not feel that this would be the most convenient location for regular interim meetings due to the travel schedules of some of the participants. However, it was accepted that any lengthy meetings regarding finalizing a brief to government or any meetings that could be organized around participants being close to Ottawa could certainly take advantage of CDA's offer.

The general policy for meeting location was to take advantage of "crossing schedules" of the participants i.e. Mr. Doan often travels to Toronto, Dr. Hicks often travels to Ottawa and could travel via Toronto, Dr. Harnick lives in Toronto and travels to Ottawa, etc. Therefore, Toronto or Ottawa appear to be the best locations.

An annual "tax meeting" between lawyers and chartered accountants takes place this year in Vancouver and therefore the next meeting of the committee is planned for the week of November 23rd. Mr. McDonnell, Mr. Doan and Dr. Hicks will be in Vancouver that week and Dr. Harnick indicated he could attend. The President of the CICA is in Vancouver and the President of the Canadian Bar Association also resides in Vancouver. Briefing of both associations could take place.

3. Expansion of Membership in the Joint Professional Committee

Consideration was given to additional associations that could be approached for support on this issue. Some of the recommended groups were:

- (i) Pharmaceutical Association
- (ii) Veterinarians Association
- (iii) Professional Engineers Association

At the present time, it was agreed that no expansion in the committee's size should occur (except for the inclusion of the Canadian Bar Association) until a specific outline of approach to government is defined.

It was suggested that the Chartered Life Underwriters Association may be able to provide useful information on their past efforts to effect change in this area of government policy. It was recommended that the Executive Director of this organization be invited to present information at one of our future Toronto meetings.

4. General Discussion Relating to Pre-Tax Retirement Savings Plans

The meeting agreed that this committee's activities should include a thorough study and recommendation on, at least, the following items

a) Levels of contribution

- our minimum request for pre-tax contributions should be the present \$5,500 indexed up to 1981. This would amount to approximately \$9,000 - \$10,000 in 1981.
- whatever amount of contribution is decided upon, it should be indexed in some fashion.
- consideration could be given to using a percentage of earned income.

b) Options at Maturity of Retirement or Pension Plans

- we should not challenge present regulations regarding transferal to spouse. Taxation presently occurs on transfer to children
- we should also support the present Registered Retirement Investment Fund (RRIF)
- however, there is no provision in RRIF or RRSP for early retirement other than if you qualify for and receive a disability pension under CPP or where spouse of participant dies and the survivor receives a survivor's pension under CPP.
- we should explore expansion of early retirement opportunities.
- we should seek improved withdrawal opportunities at maturity to equate to 70% of the last 3-5 years service policy that is presently common in government and industry.

c) Past-service Contributions

- in an employee-employer relationship past-service contributions can be utilized to pay for "back service"
- committee should obtain specific facts on past-service regulations
- the past-service opportunity is not available to self-employed people, therefore, a comparable plan should be developed in order to provide equity between employed and self-employed.

5. New Concepts to be Explored

(a) Development of "Self-Employed Pension Plans"

- the committee should investigate methods whereby contributions could be made by the company (or professional practice) and from the employee (i.e. the owner/owners) so as to provide an equitable status and opportunity with that enjoyed by the employed.

(b) Control of Investment of "Self-Employed Pension Funds" or of funds accumulated by the increase in the present rate of contribution.

- it was felt that the committee should investigate certain "trade off" arrangements with the federal government - in order to persuade them to accept our requests in order for them to receive some benefit in return.
- the concept here is for the "self-employed" to agree to place all funds accumulated due to the increase above the present \$5,500 annual contribution in to a special Registered Fund. Monies in this type of fund could be restricted to investment in projects supporting implementation of certain government programs or policies.
 - i.e. i) mortgage funds for residential housing
at a preferred rate below average current market mortgage rates
 - ii) purchase of equity shares by Canadians in foreign owned companies in Canada
 - iii) energy source exploration programs
 - iv) equity shares in Canadian owned companies.
 - etc. etc.

6. Preparation of Draft Agenda for Next Meeting

Mr. Tom McDonnell (McMillan Binch) will prepare a draft agenda with supporting notes on the above items for discussion at the next meeting.

This draft agenda will not only act as guide and stimulus for pre-meeting thoughts by existing committee members but will also function as an outline of the committee's intent and general thrust. This document could also be used in our efforts to get the Canadian Bar Association to join our committee.

7. Letters Requesting Formal Participation in the Joint Professional Committee

Dr. Hicks presented the request of the Executive Director of the CDA that letters be sent by the CDA formally requesting the CMA, CICA, and the CBA to join the committee.

The committee acknowledged that such a letter to the CICA would be after the fact but certainly could be sent for the record.

The letter to the CMA could be sent but it was felt that Dr. Lou Harnick should present background information and rationale to the executive committee of the CMA before such a letter is forwarded to CMA.

It was definitely agreed that no such letter be sent to the Canadian Bar Association without written background information and personal contact. Such a formal request letter was sent to the Canadian Bar Association requesting them to join our Joint Professional Committee on the "Continuing Education Expense" issue and refusal to participate was their reply. A letter to the CBA should be sent after Mr. McDonnell completes his "draft agenda".

8. Administration of the Committee

Dr. Hicks presented the following items for response by McMillan Binch so that all participants in the committee would clearly understand McMillan Binch and other consultants to the Committee roles and responsibilities. He felt the participating Associations should know what expenses are to be shared within the first stage budget of \$10,000 and what expenses are to be borne by the individual associations.

- (a) The working relationship with McMillan Binch should be clearly identified. Mr. Tom McDonnell will prepare a proposal from McMillan Binch outlining this relationship and how fees will be determined.
- (b) A proposed budget for the first stage of this project should be prepared with estimates for consultant costs and external costs anticipated included. Mr. McDonnell will draft such a budget for discussion.
- (c) Policy should be established that each participating association is responsible for travel and housing costs associated with their representative's attendance at meetings. The committee's budget is to be used only for technical working costs incurred in preparing a brief to government.

- (d) If the committee fails to get support from their respective associations, or if the Canadian Bar Association fails to join the committee and the committee's decision is to abandon the project, what amount is due to McMillan Binch to date and who is responsible for it? This question could well be addressed by the two supporting associations to date i.e. CICA and the CDA if such a circumstance arises.

A confirmation of a future meeting date and who will be participating will be available in a short period of time.

Respectfully submitted,

Robert Hicks

Dr: Robert Hicks
Chairman
Taxation Committee

RH/ssd



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

December 10, 1981

Mr. Paul D.K. Fraser,
President,
Canadian Bar Association
777 Hornby Street,
Vancouver, B.C.
V6Z 1S2

Dear Paul,

I have been asked by the President of the Canadian Dental Association, Dr. D.E. Williams, to write to inform you of the initial activities of the Joint Professional Committee studying "Improvement in Pre-Tax Retirement Savings Opportunities".

The Canadian Institute of Chartered Accountants, the Canadian Medical Association and the Canadian Dental Association have joined together at a committee level to study potential methods of improving pre-tax retirement savings for those people in Canada operating small businesses (including professional practices). It is our intention to submit a recommendation to the federal government for improvement to the present situation.

As a lawyer, I am sure you appreciate the inequity that exists in retirement provisions for those employed within a corporate business structure compared to those employed or operating small businesses. The three professional associations involved in attempting to correct this inequity sincerely hope that the Canadian Bar Association will join the committee in their deliberations once information related to this project is provided to you via this letter.

As the writer of this letter, I am representing the Canadian Dental Association who is acting as the administrative source for this Joint Professional Committee. This is the second project involving joint professional association activity that the CDA has initiated. As we discussed earlier this year in Ottawa, the first project was an attempt to gain deductibility of "continuing education expenses" for professionals. This first project involved the CICA, the CMA and the CDA and resulted in acceptance by Revenue Canada of over 80% of the recommendations of the Joint Professional Committee. While the Canadian Bar Association was unable to join in this first project, it is agreed that the expertise and support of the CBA is most important in our second project to achieve success.

Our Committee has had three meetings and has established the following objectives:

- (a) review present taxation rules regulating the provision of retirement savings and incomes of small business operators and self-employed professionals in Canada with a view to developing recommendations on how the rules could be made more equitable
- (b) study and make recommendation on specific items related to:
 - levels of contributions under RRSP regulations
 - options at maturity of retirement or pension plans
 - past-service contributions

I am including as "Appendix A" to this letter a page from the report of our second committee meeting which provides you with more details related to these items.

In addition to the above, the Committee expanded its thoughts into areas of innovative change to present regulations which may be used to persuade the federal government to accept our philosophy and recommendations. New concepts which the Committee will explore in the future include:

- development of "self-employed pension plans"
- restricted areas for investment of contributions made beyond the present limits set by regulations
- additional innovative concepts

APPENDIX F IV

"Appendix B" to this letter outlines additional details on these items as discussed by the Committee.

It is the intent of this Committee to study and make decisions on the above issues to such a level whereby a submission could be made to the federal Minister of Finance recommending consideration for change to existing status. With an indication of support from the Minister, escalation in our efforts would occur to provide more detailed explanation and methods of implementation. The initial stage of presenting a submission to the Minister of Finance has been identified as "Level I".

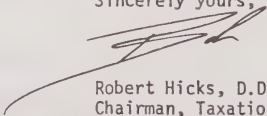
The estimated cost of the Joint Professional Committee to reach "Level I" is approximately \$10,000. This cost is to be shared equally by the professional associations involved. To date, the CICA, the CMA and the CDA have committed \$2500 each. It is hoped that the CBA will join our activities and provide \$2500 toward the project.

The budget for this project is based on anticipated consulting costs associated with accumulation of data and preparation of the brief to the Minister. The three professional associations involved feel that it is important to have an outside source of assistance for the preparation of the technical content of the brief. For this purpose, McMillan Binch (Toronto) has been approached to provide an outline of the services they would provide and an estimate of the costs that would be involved. Mr. Tom McDonnell of McMillan Binch provided such services for the "continuing education expenses" project and he has agreed to provide similar support on this project. I will forward a copy of McMillan Binch's proposal to you when it is received.

Also included in the budget are anticipated costs for obtaining actuarial information and services. All costs related to members of the Committee attending meetings or presentations will be borne by the respective associations.

Paul, please accept this letter as a formal request for the Canadian Bar Association to join in this project. If you require further information, please contact me. It has been agreed by all parties i.e. the CMA, the CDA and the CICA that this project cannot proceed further without Canadian Bar Association involvement. We would appreciate your association's decision as soon as possible.

Sincerely yours,



Robert Hicks, D.D.S.,
Chairman, Taxation Committee &
Member, Executive Council

c.c. Canadian Medical Association (B. Fremo & Lou Hornick)
Canadian Institute of Chartered (H. Larry Doane)

Accountants
b.c.c. Management Committee
Mr. Tom McDonnell, McMillan Binch

RNH/ssd

General Discussion Relating to Pre-Tax Retirement Savings Plans

The meeting agreed that this committee's activities should include a thorough study and recommendation on, at least, the following items

a) Levels of contribution

- our minimum request for pre-tax contributions should be the present \$5,500 indexed up to 1981. This would amount to approximately \$9,000 - \$10,000 in 1981.
- whatever amount of contribution is decided upon, it should be indexed in some fashion.
- consideration could be given to using a percentage of earned income.

b) Options at Maturity of Retirement or Pension Plans

- we should not challenge present regulations regarding transferal to spouse. Taxation presently occurs on transfer to children
- we should also support the present Registered Retirement Investment Fund (RRIF)
- however, there is no provision in RRIF or RRSP for early retirement other than if you qualify for and receive a disability pension under CPP or where spouse of participant dies and the survivor receives a survivor's pension under CPP.
- we should explore expansion of early retirement opportunities.
- we should seek improved withdrawal opportunities at maturity to equate to 70% of the last 3-5 years service policy that is presently common in government and industry.

c) Past-service Contributions

- in an employee-employer relationship contributions may be made for "past-service".
- committee should obtain specific facts on past-service
- the past-service opportunity is not available to self-employed people, therefore, a comparable plan should be developed in order to provide equity between employed and self-employed.

New Concepts to be Explored(a) Development of "Self-Employed Pension Plans"

- the committee should investigate methods whereby contributions could be made by the company (or professional practice) and from the employee (i.e. the owner/owners) so as to provide an equitable status and opportunity with that enjoyed by the employed.

(b) Restricted Areas of Investment for "Self-Employed Pension Funds"
or of funds accumulated by the increase in the present rate of contribution.

- it was felt that the committee should investigate certain "trade-off" arrangements with the federal government - in order to persuade them to accept our requests in order for them to receive some benefit in return.
- the concept here is for the "self-employed" to agree to place all funds accumulated due to the increase above the present \$5,500 annual contribution into a special Registered Fund. Monies in this type of fund could be restricted to investment in projects supporting implementation of certain government programs or policies.

- i.e.
- i) mortgage funds for residential housing
at a preferred rate below average current market mortgage rates
 - ii) purchase of equity shares by Canadians in foreign-owned companies in Canada
 - iii) energy source exploration programs
 - iv) equity shares in Canadian-owned companies.
- etc. etc.

STATEMENT OF EXPENSES

Travel Expense:

Air travel reimbursement will cover economy class round trip fare and ground transportation from home or office to and from airport.

Train travel reimbursement is based on first class round trip fare. The expense of a parlour car seat or roomette when necessary will be refunded.

Travel by automobile will be paid at the rate of twenty cents per km., and will not exceed the equivalent economy class air passage.

Accommodation:

Reasonable hotel room charges will be paid. Whenever possible arrangements should be made through the Association to utilize corporate rates.

Meals:

A maximum daily remuneration of \$45.00. When arrival and departure for a meeting necessitate partial attendance, or where the Association provides the meal, the following reimbursement will be permitted: Breakfast - \$7.00, Lunch - \$12.00 and Dinner - \$26.00.

Other Expenses:

Gratuities and other incidentals will be allowed to a maximum of \$5.00 per day.

Necessary long distance telephone calls are claimable. However, the Association may require an explanation prior to reimbursement.

Local travel when necessary during meeting attendance may be claimed.

For Council Meetings, Committee Meetings and Board of Governors' Meetings, Travel & Maintenance Expense may be included from the evening preceding a daytime meeting until the morning following the close of the meeting.

All claims should be presented for processing at headquarters within 30 days from the close of the meeting attended.



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE
1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

PRESS RELEASE

February 12, 1982

CANADIAN DENTAL ASSOCIATION URGES QUEBEC GOVERNMENT
TO RETAIN DENTAL CARE PROGRAM FOR CHILDREN

The Canadian Dental Association joins with the Association of Dental Surgeons and the Order of Québec Dentists to strongly urge the Government of Québec to continue its Dental Care Program for Children.

"While it is not the responsibility of the Canadian Dental Association to determine the financial priorities for any Canadian province," said CDA President Dr. Donald E. Williams, "it is the Association's responsibility to assure all Canadians the highest dental health standards possible."

"One of our major concerns", said Dr. Williams "is that the Québec Government plans to assign a series of responsibilities to dental hygienists in the area of prevention, thus transferring it from the private to the public sector."

One example he cited was an oral examination involving diagnosis. Dental hygienists, he said, have received no training to carry out this procedure.

The Québec public, to protect its dental health, must be alerted to these issues, he concluded.

-30-

CONTACT: Miss A. Hammell
Canadian Dental Association
(613) 523-1770



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE
1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

COMMUNIQUE DE PRESSE

1e 12 février, 1982

L'ASSOCIATION DENTAIRE CANADIENNE EXHORTE

LE GOUVERNEMENT DU QUEBEC A MAINTENIR

LE PROGRAMME DES SOINS DENTAIRES POUR LES ENFANTS

L'Association dentaire canadienne se joint à l'Association des chirurgiens dentistes du Québec et à l'Ordre des dentistes du Québec pour exhorter fortement le gouvernement de cette province à ne pas abolir son programme de soins dentaires à l'intention des enfants.

"Bien qu'il n'incombe pas à l'Association dentaire canadienne de déterminer les priorités financières de chaque province," a déclaré le président de l'ADC, le Dr Donald E. Williams, "il lui appartient d'assurer aux Canadiens les normes de santé dentaire les plus élevées possible."

"L'une de nos principales inquiétudes," a ajouté le Dr Williams, c'est l'intention du gouvernement québécois d'assigner une série de responsabilités aux hygiénistes dentaires dans le domaine de la prévention, le faisant passer du secteur privé au secteur public.

APPENDIX H

Il a donné comme exemple les examens buccaux comprenant un diagnostic. Les hygiénistes dentaires, a-t-il dit, n'ont reçu aucune formation dans ce but.

Afin de maintenir la santé dentaire des Québécois, il convient de le mettre au courant de ces questions, a-t-il conclu.

-30-

Pour plus amples renseignements,
veuillez communiquer avec
Ann Hammell,
l'Association dentaire canadienne
(tel: 613 - 523-1770)



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

OFFICE OF THE PRESIDENT

January 21, 1982

Honourable Allan J. MacEachen,
Minister,
Department of Finance Canada,
Room 209-S,
House of Commons,
Ottawa, Ontario
K1A 0A7

Dear Mr. MacEachen:

Please find enclosed, An Analysis of Resolution (1) (c) of the Notice of Ways and Means Motion Tabled with the Federal Budget Dated November 12, 1981.

The Canadian Dental Association is deeply concerned about the impact of this resolution on the general public and requests that you seriously consider the withdrawal of the resolution from the budget.

We are prepared to meet with you at your convenience to provide you with additional information and to amplify the positive aspects of our proposal.

Yours sincerely,

A handwritten signature in dark ink, appearing to read 'D.E. Williams', is written over a horizontal line.

D.E. Williams, D.D.S.
President

DEW/dt

c.c. Mr. John Evans, M.P.

AN ANALYSIS OF RESOLUTION (1) (c) OF THE NOTICE OF WAYS
AND MEANS MOTION TABLED WITH THE FEDERAL BUDGET
DATED NOVEMBER 12, 1981

January 21, 1982

Taxability of Private Dental Plan Benefits

The Federal Budget of November 12, 1981 proposed that benefits associated with employer funded dental plans would, effective January 1, 1982, be made taxable to the employees. It is obvious from an examination of statements in all of the Budget Documents that implicit in the removal of the tax exemption for dental plan coverages is the conviction by the Minister of Finance and his officials that either the primary beneficiaries of the dental plan coverages are taxpayers in the higher income brackets, or that for taxpayers in any given income bracket, only a small minority are receiving the benefit and thus are being subsidized by those taxpayers who are not receiving the benefit.

We propose to analyze these propositions and outline the overall impact of the proposal.

Impact of Proposal to Make Dental Benefits Taxable

We have not had the opportunity to prepare calculations for all income brackets, however, we attach to this memorandum a copy of an Article appearing in the January 9, 1982 issue of the Financial Post which explains the relative impact of the proposal on a taxpayer with a 1982 taxable income of between Twenty Thousand and Sixteen Dollars (\$20,016.00) and Thirty-One Thousand and One Hundred and Thirty-Six Dollars (\$31,136.00). Calculations of this sort for taxpayers at varying tax brackets will produce greater tax costs at the higher income brackets. However, it can be shown that the proposal will produce a much larger percentage increase in the tax payable at the lower ends of the tax structure.

It should be noted that although a taxpayer in the top tax bracket who is receiving a benefit from a private dental plan employer provided coverage will have his tax increased in 1982, the budget proposes to provide to him an offsetting reduction in rates of between three percent (3%) and thirteen and one-half percent (13

C.D.A. January, 1982

1/2%) (combined federal, provincial) on all of that taxpayer's income. The taxpayers in the lower and middle income brackets will pay more tax as a result of the inclusion of the dental plan benefits, however there will be no change in rates for taxpayers with incomes of under approximately Thirty Thousand Dollars (\$30,000.00) and on incomes between approximately Thirty Thousand Dollars (\$30,000) and Fifty Thousand Dollars (\$50,000) the tax reductions will range from approximately three percent (3%) to approximately Four and one-half percent (4 1/2%) (Federal and Provincial). Thus, the net affect of the removal of the tax exempt status of dental plans will for any taxpayer with income of up to Thirty Thousand Dollars (\$30,000) who receive no reduction in tax rates, produce an absolute increase in their tax. For taxpayers in income brackets above that level the adjustments to the tax rates may very well off-set the effect of dental plan taxability or in fact for taxpayers in the higher brackets will produce a net reduction in overall tax.

Coverages of Dental Plans in Canada

Again, while we have not had the opportunity to do detailed research into the overall coverages available in Canada we attach to this memorandum an extract from the "Survey of Health Insurance Benefits in Canada - 1980" produced by the Canadian Life and Health Insurance Association. This extract being table number 12 indicates that the number of plans, number of employees, and number of dependants covered by the various members of the Canadian Life and Health Insurance Association represent a significant percentage of the Canadian working populace.

To reinforce this view I attach a copy of an article which appeared in the Financial Post on December 19, 1981 describing the extent of coverages handled by non-profit organizations and societies. Coverages provided by such non-profit societies are in addition to the statistics available for members of the Canadian Life and Health Insurance Association.

Although we have not had the opportunity to do detailed research into the data that may be available, it is obvious that the number of employees in Canada who are covered by private dental plans is certainly in the range of between thirty (30) and forty (40) percent of all employees.

In addition, the aggregate premiums paid in respect of all dental plans could very well be in the range of half a billion

dollars per year or more. That being the case, the budget which makes such benefits taxable would raise significant additional tax revenues for the Federal and Provincial Governments amounting to several hundred million dollars.

Examination of The Federal Budget Perspective on Tax Expenditures

In all of the Budget Documents and most particularly in the Budget Document entitled "Analysis of Federal Tax Expenditures for Individuals" the clear conclusions drawn from their analysis of tax expenditures in Canada are that higher income individuals accounted for a disproportionate share of the total benefits provided by certain tax expenditures, a larger proportion of higher income individuals benefited from virtually all of the tax expenditures discussed than did lower income individuals, and for any given tax expenditure the average claim or benefit was always much larger for higher income individuals.

These conclusions are based upon rather detailed analysis of a number of tax expenditures which are in all cases related investment and business activities. The Budget in a variety of qualifications and footnotes repeatedly states that employment related benefits are not dealt with because they could not be quantified.

In addition, the Budget repeatedly states that a significant majority of the population earn most of their income from employment, and that the higher income taxpayers tend to earn a much lower percentage of their income from employment than lower income taxpayers.

Having made these various statements, the investment and business related tax expenditures are analyzed and the conclusions noted above are drawn. Assuming the accuracy of the Department of Finance's data in respect of investment and business related tax expenditures, it is not difficult to accept many of the major conclusions as they relate to investment and business tax expenditures.

However, the Budget having drawn these conclusions from tax expenditures related to certain types of income which by their nature would be of greater benefit to higher income taxpayers, then proceeds to utilize this analysis as a justification for reducing a number of tax expenditures, including a number of employment

related tax expenditures such as dental plans.

It is obvious from the above scant data and analysis that such a broad spectrum of individuals receiving benefits under dental plans would necessarily be primarily employees and thus would necessarily be primarily taxpayers in the lower and middle income brackets. Given additional time and data, we feel that it would be possible to more accurately illustrate that:

1. Higher income individuals do not account for a significant share of the total benefits provided in connection with private dental plans;
2. A relatively small proportion of higher income individuals benefit from private dental plans; and
3. The average claim or benefit from private dental plans would not be that much greater for a higher income taxpayer than for middle or lower income taxpayers.

It should be noted, that where the Budget expresses concern about a tax expenditure which is available to certain employees and not to others it again may have examined and made assumptions concerning certain tax expenditures such as low interest loans and stock options which by their nature again would be more likely to be available to a relatively small proportion of employees tending to be in the upper income levels of employees. An examination of the figures shows that a significant number of the employees in Canada are covered by dental plans, particularly in the provinces of Quebec, Ontario, Alberta and British Columbia.

Conclusion

Thus, although the Federal Budget does not seem to have examined private health service plans directly, and thus has not incorporated the data related to them in its overall analysis of the effects of tax expenditures, the Budget has removed the private health service plan exemption. The result will be that a very significant number of Canadians, primarily in the lower and middle income brackets, will pay more tax for this reason alone, producing very significant additional tax revenues to the Federal and Provincial Governments. It should be noted that the additional tax revenues associated with this amendment were also not taken into account in estimating how much additional revenue would be raised by the Budget as a whole and the overall impact of all changes

APPENDIX I

under the Budget on taxpayers in the lower and middle income brackets.

We thus submit that if a direct examination of private dental plans in Canada is done, it would be found that the present exemption does not produce the same perceived inequities associated with various investment and business tax expenditures.

We have not dealt with the overall impact of such changes on the breadth of dental coverages and the consequential levels of dental care in Canada. However, we submit that purely on tax and monetary bases, the proposed change will have a regressive impact and should be withdrawn.



MEDICAL AND DENTAL BENEFITS

What tax changes add up to

By Arthur Drache

IF YOUR EMPLOYER has been paying for benefits that are now taxable under the federal budget proposals, you and the company may want to assess the new costs involved and perhaps come up with some alternatives.

Right now, it is not clear just how broadly the new mandate for Revenue Canada's tax-gathering activities will be drafted. Conflicting stories suggest that employee discounts may or may not be taxed, for example. And the same lack of clear policy applies to perks such as parking, armed forces personnel transportation and subsidized meals.

But the policy in at least one area — private medical and dental plans — has been proposed as a statutory amendment. Unless it is withdrawn by Finance Minister Allan MacEachen, the new rules will apply as of Jan. 1, 1982.

While the value of employer-paid medical and dental premiums has not, in the past, been taxed, the value will now be added to the employee's income. This taxable benefit may be classified as a medical expense, but statistics indicate

that less than 2% of employees will get relief under this aspect of the proposal because medical expenses are deductible only to the extent they exceed 3% of income.

What does it all mean in money?

If an employer pays tax at the top federal rate (36%) and is subject to the 5% federal surtax in 1982, along with a 14% provincial rate (Ontario, New Brunswick and Saskatchewan), the overall tax rate is 51.8%. If an employee of that company lives in Ontario and has a 1982 taxable income of \$20,016-\$31,136, his combined federal-provincial marginal rate of tax is 37%. Assume the benefit is worth \$250.

Example 1: This shows the effect on employer and employee under the old rules. The employer makes a \$250 payment on behalf of the employee, and the benefit is not added to the employee's income.

Pre-tax cost to employer	\$250.00
Tax saving ($\$250 \times 51.8\%$)	\$129.50
After-tax cost	\$120.50

The cost to the employee is nil and the actual benefit he receives is worth \$250.

Example 2: If the company continues to pay for the insurance and the amount is added into the employee's income, the cost to the company remains as in Example 1. But the employee now has to pay tax of \$92.50 on the benefit (37% of

\$250), which leaves him with a net benefit of \$157.50.

Example 3: If the employer cancels the plan and does not reimburse the employee for the cancellation, the employee saves \$120.50 and the employee has no benefit at all.

However, this approach is unlikely. Example 4: In this example, the employer cancels the plan but gives the employee a raise equal to the amount needed to net \$250 after tax. The raise would be \$396.83, which is rounded to \$397. After paying tax of \$146.89 (37% of \$250), the employee is left in the same position as in Example 1. But the cost to the employer works out this way:

Extra salary	\$397.00
Tax-saving ($\$397 \times 51.8\%$)	\$205.64
After-tax cost	\$191.36

Comparing Example 1 with Example 4, the total cost of putting the employee in exactly the same position under the new proposals will be \$217.75 — the additional tax paid by the employee plus the net additional cost to the employer. This is the same result, incidentally, as would occur if the employer kept the insurance in place and gave the employee just enough extra salary to ensure that he or she ended up with no additional tax liability in 1982.

Extra money

The numbers will vary in each case, depending upon the tax rates of the employer and the employee. For lower-income employees, the addition to income may well cost extra money in terms of provincial tax credits and the child tax credit, both of which are reduced when income moves above certain levels. In any case, the effect on income and taxes will bear more heavily in percentage terms on lower-income taxpayers than on the wealthy.

A fascinating aspect of the whole scheme is that in Example 4 of the government ends up with \$70.75 more in taxes on a \$250 benefit if the employer wants — or is required under a contract — to ensure that the employee is no worse off in 1982 than in 1981. (The \$70.75 comes from subtracting the employer's additional tax savings, \$76.14, from the employee's increase in taxes — \$146.89.)

This is just one more demonstration of the fact that many of the proposals introduced in the name of equity are actually substantial revenue-raising devices.

Contributing Editor ARTHUR DRACHE is an Ottawa lawyer who writes for *The Post* on tax topics.

Canadian Life and Health Insurance Association

SURVEY OF HEALTH INSURANCE BENEFITS IN CANADA — 1960

TABLE NO. 12 — Dental Insurance — Group

PROVINCES	Contracts in Force	Number of Persons Covered		Direct Premiums Written	Direct Claims Paid
		Employees	Dependents		
Newfoundland	66	9,383	20,616	\$ 1,709,651	\$ 853,140
Prince Edward Island	20	2,560	5,156	366,013	177,505
Nova Scotia	232	30,359	55,200	5,655,204	2,553,929
New Brunswick	130	17,391	35,166	2,842,154	2,146,732
Quebec	1,695	270,305	449,505	30,064,252	29,762,540
Ontario	6,032	1,099,205	1,905,633	179,228,021	162,033,462
Manitoba	500	54,110	93,905	8,017,113	0,126,174
Saskatchewan	351	37,660	67,220	5,978,292	4,323,407
Alberta	1,052	240,073	420,932	43,270,891	37,402,069
British Columbia	3,675	231,997	368,900	51,213,095	51,935,306
Yukon and NWT	21	7,348	13,100	806,918	715,370
Unallotted by Province	1,050	1,002	1,009	2,212,102	2,190,140
CANADA TOTALS	17,656	2,001,404	3,437,416	\$ 341,444,303	\$202,219,062

Fishing

Continued from p.W9

more than 12-14 highly specialized workers. "The openings in high-technology manufacturing are for companies that produce one-of-a-kind items," he maintains. "If there were a large market, and mass production were possible, the Americans would be certain to sniff out the opportunity. Because most of our components are made in the U.S., they would have the business."

Applied Microsystems' line includes instruments that measure and record ocean currents, wave tide and height, water temperature and salinity, and ocean temperature variations as slight as 0.001 degrees Celsius.

Battery-powered, the instruments can operate unattended for at least one year. Information is stored on magnetic tape; interpretation and readout is provided by computer.

Present applications include an early warning system on the Japan coast, pollution monitoring and undersea oil exploration. Clients range from the Institute of Ocean Sciences and universities around the world to Dome Petroleum and PetroCanada.

Lambert has been able to overcome the buy-American-first policy that governs the purchases of sophisticated equipment and gain access to the U.S. market, which now accounts for 65% of sales, by producing what is recognized in the industry as dependable. But he concludes: "Development of high-technology industry can be likened to a tennis match. Because of the prevailing attitudes that industry must be big before it attracts interest and gains government support, the Americans are the players and Canadians are the spectators."

Federal budget may hit workers in the teeth

By Michelle Morissette

VANCOUVER

ONE OF the major dental-insurance carriers in British Columbia claims a majority of B.C. workers will have to pay an additional \$75-\$200 annually in taxes as a result of the federal budget plans to tax employees on their employers' contribution to dental plans.

Dave Schreck, general manager of the CU&C Society, a nonprofit society that handles one third of all private dental plans in the province, says that unlike workers in other provinces, most employees in British Columbia have had dental plans as a part of their employment packages since the mid-1970s.

Dental plans are so common in the province, in fact, that most employees simply present a dental card (similar to a medical card) to the dentist who then bills the carrier directly.

"There are approximately \$120 million paid through private dental plans in British Columbia — CU&C alone handles \$40 million," Schreck says.

"At least 50%, and in many cases 100%, of the premiums are employer-paid and that means B.C. workers will be hit with roughly a \$30-million additional tax bill just on their dental benefits."

The average worker gets about \$250-worth of benefits. With a 30% marginal tax rate, that means he will have at least \$75 more annual tax liability.

CU&C, which became the first carrier in Canada to offer prepaid dental plans in 1966 (the society began offering hospital and

medical coverage through B.C. credit unions and co-operatives in 1946), is unlikely to suffer any immediate financial repercussions.

Schreck notes that unions that won dental plans as part of compensation packages are unlikely to give them up. However, problems could occur if individual members begin pressuring their unions to allow them to opt out of the plan.

Most carriers handling dental plans have made it imperative that unions make participation in the plan a condition of employment.

'Dramatic cost increase'

"If an optional situation were allowed, the cost would go up dramatically for everyone who remained in the plan," Schreck says. "This could lead to the end of all plans within two years after any optional situation was allowed."

The CU&C, which has long been pushing the provincial government to eliminate the need for private dental plans by expanding medicare, is opposed to the budget because it is making such plans a "privilege and not a right."

However, Schreck says that it is also opposing the budget because it is simply a "bad policy technically, and will create an administrative nightmare."

But Ottawa failed to take into account that 75% of all dental plans are funded on a cost-plus basis. This means that companies like CU&C pay the claims and send the employer a monthly invoice for the amount of paid claims plus an administration fee.

"Now that these benefits are taxable, we

asked Ottawa how an employer with invoices of \$100,000 assigns these to individual employees. When we tried to find out the rules, we discovered Ottawa hadn't even thought about it."

Schreck says he has notified Ottawa of the technical problems, along with alternative methods of taxation, each with its own complexities and problems.

One method would be to determine an artificial premium structure that would generate the same total payment as the monthly cost-plus invoices, which would be consistent with the way provincial medicare premiums are treated for tax purposes. Under such a system, even though the employer paid 100% of the cost, any individual who did not use the plan would be better off to opt out of the plan, so as to avoid tax liability.

The other method would be for CU&C to report as a taxable benefit the actual amount claimed by each individual in the group. This would be consistent with the way disability payments are treated for tax purposes.

The building and trades sector raises even more problems, since premiums are paid for employees on a number-per-hour-worked basis.

"Even Ottawa seems confused — I've received different off-the-top answers from different departments," Schreck says. "Officials in the Finance Department say they are likely to tax on premiums. Revenue officials say the taxes will be based on the benefits paid out."

Schreck says the problems posed for dental plans will be repeated for other taxable benefits such as extended health plans, only on a lesser scale, since these account for only \$2 million paid out in benefits.

FDI WORLD DENTAL CONGRESS

Rio de Janeiro, Brazil, September 3 - 11, 1981

This Report was submitted by Dr. Gilbert Utas.

The Canadian Dental Association representation at the Congress was comprised of Dr. D.E. Williams, President and delegate, Dr. G.E. Utas, National Treasurer and delegate, Brig. Gen. W.R. Thompson, past chairman of the Commission of Defence Forces Dental Services and alternate delegate, and Professor G. S. Beagrie, consultant to the Commission on Dental Education and Practice and alternate delegate.

At the Congress Dr. Beagrie was re-elected as a member of the Commission.

Prof. Louis Baume of Switzerland completed his two-year term as president of the FDI and was succeeded by Dr. T. Aggeryd of Sweden. Dr. J. Jardiné of France was elected to the office of President-Elect.

Seventy-three countries were represented with attendance considerably less than expected. There were 3,975 dentists in attendance compared with 3,200 in Hamburg in 1980 and 5,600 in Paris in 1979.

The CDA delegates met with the FDI Finance Committee, the American Dental Association delegation as well as attending General Assembly A, General Assembly B, the Question Time, the National Treasurers' Meeting and several other functions.

Considerable discussion at all levels formally and informally was directed at the financial situation of the FDI.

The Council accepted the Finance Committee recommendations regarding the CDA surcharge on supporting membership dues: namely that CDA be permitted to continue the current format with the proposed budget and the statement of administrative expenses being submitted to the Executive Committee. A less restrictive, more flexible approach is evident in many other areas as well.

The CDA delegation withdrew the 1980 resolution relating to finances but stated the need for continuing efforts to effect a more equitable base for the annual dues structure.

The CDA supported the resolution for a 25 percent ceiling on member association dues payable by any one member association; this resolution was accepted. However CDA did not support the American Dental Association proposal for further future reductions of this maximum; that amendment failed.

Meon Group Travel of London, England will be retained as consultants for the ensuing year to advise and assist in reduction of travel and accommodation expenses for the annual congress.

The 1980 statement of income and expense indicated a considerable deficit due to both increased expenditure and decreased income. A number of reasons are evident, including an unfavorable change in the exchange rate between the U.S. dollar and the pound sterling, a decrease in supporting membership, less than anticipated attendance at World Congress and inflationary increases in travel and accommodation.

Proposals for improvements of the financial situation in 1982 include reductions in expenditures such as travel and accommodation, decreased per diems for FDI officers (from \$70 to \$35),

decreased support for regional organization representatives to Council, closer monitoring of expenditures at Congresses as well as increased utilization of computer and word processing facilities.

On the income side there will be increased dependence on the predictable income such as member association dues and less on the variable aspects such as supporting member dues, attendance at Congress and sale of publications. As well increased promotion of FDI and its activities should increase the supporting member dues as well as attendance at Congresses.

After 1984 the FDI will receive 15 percent of Congress enrolment fees and 50 percent of net surpluses and a suggested 10 percent of the gross rentals for the trade exhibition.

The next FDI World Dental Congress will be held in Vienna, Austria on October 10 - 16, 1982, The 1983 Congress will be held in Tokyo, Japan.

C.D.S.P.I. REPORT TO THE C.D.A. BOARD OF DIRECTORS - MARCH 1982

Members of the C.D.S.P.I. Board of Directors are:

Dr. G. Anthony
Dr. G.F. Copithorne
Dr. R. Dupont
Dr. J.C. Giguere
Dr. C.R. Hill
Dr. J. Laporte
Dr. R.L. Moran
Dr. R.L. Rasmussen
Dr. R.D. Wells

Members of the C.D.S.P.I. Management Committee are:

Dr. J.E. Durran
Dr. R.L. Moran
Dr. M.D. Charendoff

This report contains all information for the period August 30, 1981 to January 23, 1982.

1. Canadian Dentists' Insurance Plans Holding Account

The unaudited figures along with the approved Budget for the nine months ended December 31, 1981 are set out below.

	3rd Quarter ended December 31, 1981	Approved Budget April 1, 1981- March 31, 1982
<u>REVENUE:</u>		
2% of net insurance premium collected	\$ 47,768	\$ 52,196
Interest earned	<u>12,846</u>	<u>12,808</u>
	<u>60,614</u>	<u>65,004</u>
<u>EXPENDITURES:</u>		
Plans audit	8,500	6,000
Benefit Committee Meeting	-	12,000
Graduate Package	21,790	66,516
Promotion	<u>45,007</u>	<u>66,025</u>
	<u>75,297</u>	<u>150,541</u>
<u>EXCESS (DEFICIENCY) OF REVENUE OVER EXPENDITURES</u>	<u>\$(14,683)</u>	<u>\$ (85,537)</u>

C.D.S.P.I.

The Balance Sheet of the Fund at December 31, 1981 showed Assets of \$86,806 (\$33,153 represented by Cash in the Bank), Accounts Payable of \$5,642 and a Fund Equity of \$81,164 after applying the above operations statement.

The following Budget for the period April 1, 1982 to March 31, 1983 was presented to our Board of Directors.

REVENUE:

Transfer of Collection Fee from Insurance/ Investment Fund	\$ 149,618	
Interest earned	<u>22,443</u>	\$ 172,061

EXPENDITURES:

Advertising	19,210	
Audit	6,000	
Benefit Committee	14,800	
Displays	2,600	
E.H.C. - Atlantic	5,000	
General	1,000	
Graduates	78,780	
Life Promotion	6,160	
Open Enrollment/COLA Promotion	3,650	
RRSP Promotion	11,500	
Reprints of Ads for Distribution	3,400	
Special Promotion Office Contents	3,000	
Travel and Public Relations	<u>19,320</u>	<u>174,420</u>

<u>PROPOSED BUDGET (DEFICIENCY) OF</u> <u>REVENUE OVER EXPENDITURES:</u>	\$ <u>(2,359)</u>
---	-------------------

RESOLVED:

82.10 *That the proposed budget for the year ending
March 31, 1983 be approved.*

ADOPTED

2. Eligibility

In an attempt to carry out the wishes of the Board with respect to the eligibility of all participants, we can now report that as of December, 1981 there were 247 participants in the files who were classified as dentists, who were not recognized as members by either the CDA, ODA or QDSA. Further verification and checking brings this number to less than 100 as of this date.

In order to establish the legal position of these persons with respect to eligibility, discussions were held with CDSPI lawyers. Our solicitors reported that, in reviewing this situation, it came to their attention that the eligibility provisions of the policies are different from policy to policy. Therefore, they suggested that in some cases it would be legal to decline coverage and illegal in others, such that a situation could arise wherein a participant was legally declined coverage in the one area, but the same participant could not be declined in another area. Therefore, the CDSPI Board has directed that a standard definition of eligibility be developed, approved by our solicitors and returned to the CDSPI Board in May 1982 for their approval and recommendation to the CDA.

Further the CDSPI Board directed that the listings of "ineligible" participants as at December 1981 be forwarded to the relevant insurers and noted as ineligible participants who will be granted participation. These participants will be encouraged to change their status.

After the approval of the standard definition of eligibility, CDSPI will implement the necessary eligibility verification procedures.

3. Legal Expense Insurance

The definition of legal expense insurance as adopted by the CDA Board is as follows: "Insurance referring to those legal expenses incurred by the participant as a result of provincial disciplinary hearings by a licencing board".

CDSPI requested and obtained several quotations based on various levels of coverage, deductible and no deductible, "innocent or guilty" and optional vs. 100% participation.

Taking into consideration the comments made by the Provincial organizations who were surveyed prior to investigating this area of insurance, CDSPI obtained the following proposal from their Administrator:

MOTION TABLED

82.11 THAT a Legal Expense Insurance Program could be added to the CDIP; such consisting of a \$2,000 deductible (no co-insurance) and the limit if culpable or innocent being \$25,000. The annual premium for this coverage would be \$29.50 per annum.

N.B.: This motion will be returned to the Annual Board of Governors with more detail and specifics.

C.D.S.P.I.

4. C.D.A. RRSP

Recent changes in the Securities legislation of the Province of Ontario. have forced a review of the portfolio management of the Equity Fund. These laws will force the Plan to produce a Prospectus and conduct weekly valuations of the portfolio, which is a very expensive undertaking. On the advice of CDSPI lawyers, your CDA Executive agreed that it would be prudent to terminate the arrangement with Mackenzie Financial and return the management of the Fund to Royal Trust Company; thereby enhancing the possibility of achieving an exemption from the provisions of the law just mentioned. The request for exemption will be submitted to the Ontario Securities Commission in early February.

RESOLVED:

82.12 *THAT the Amending Agreement with Royal Trust and the Submission to the Ontario Securities Commission be approved for signing by the CDSPI Directors, as appended. (Schedule 1)*

ADOPTED

5. C.D.I.P. Plan Improvements

"Open Enrollment" for L.T.D., Office Overhead and COLA

This promotion was conducted in October 1981 and, in spite of mailing problems, has been a resounding success. There have been over 2,100 applications for coverage under the terms of the "Open Enrollment", and many additional new applications received.

Long Term Disability coverage to age 70

This has been a subject which has generated much interest over the past two years. CDSPI has requested and obtained quotations for various options, all of which would have resulted in significant increases in premium for all participants. Faced with the need to maintain premiums at this present level, and cognizant of the needs of our older practitioners, it is,

RESOLVED:

82.13 *THAT the C.D.I.P. Ltd. coverage be extended to age 70 on the following basis:*

- (a) *Coverage can be continued (renewed) on a yearly basis to age 69 on a 31-day elimination basis.*

C.D.S.P.I.

- (b) *Maximum of coverage is the maximum for LTD at that time (currently \$4,000).*
- (c) *The benefit period is a two year maximum.*
- (d) *The coverage is applicable to total disability only.*
- (e) *The premium to be negotiated with the carrier, not to exceed \$45/\$100 of coverage."*

ADOPTED

EXECUTIVE COMMENT: *Executive Council agrees and notes it was necessary to carry out this motion immediately because of the effect on a number of subscribers.*

Instant Cash for Widows/ers

As a result of a request relayed by the CDSPI Director from British Columbia, we have investigated a type of immediate financial assistance to beneficiaries at the time of death of a Life policyholder.

Negotiations with Imperial Life have resulted in the following proposal:

1. Prepare to issue a payment of the lesser of \$5,000 or 10% of the face amount of the policy, subject to:
 - (a) written confirmation that an insured has died;
 - (b) policy records confirming eligibility and premium paid status confirmed by Administrator;
 - (c) named beneficiary (adult), again confirmed by Administrator;
 - (d) proceeds not assigned - confirmed by Administrator;
 - (e) a written direction from CDSPI in each case.
2. CDSPI will, as usual, receive the verbal request for a claim form, and based on discussions with the individual requesting this form, notify the Administrator of the perspective claim, thereby complying with points (a) and (e) as noted above.
3. The Administrator will then proceed to confirm that same day points (b), (c) and (d) as noted above, and forward by courier the information to the head of the group plan for the CDA at the offices of Imperial Life.

C.D.S.P.I.

4. Imperial Life has assured us that they will process the cheque forward the funds by courier based on the above documentation, within 24 hours of receipt of full information from the Administrator.
5. The amount advanced would be deducted from the final remittance to the beneficiary once all proper documentation has been received and finalized.

RESOLVED:

- 82.14 *"That the above procedure as outlined relating to immediate cash on death notification, be recommended to take effect retroactively to January 1, 1982." And further*

ADOPTED

RESOLVED:

"That an agreement be drawn up to be presented to the CDA concerning the liability which would arise as a result of paying the proceeds to the incorrect party."

ADOPTED

L.T.D. - C.O.L.A. for those on the Grandfather Plan
(specifically those on claim with Citadel)

The C.D.A. Board of Governors requested that CDSPI obtain the following information:

1. The number of individuals who are now on claim through this Plan
2. The costs to provide some form of indexing in this Plan for those individuals.

Our Administrators have informed us that there are currently 15 dentists on claim with Citadel, with a total annual benefit of \$160,380.00. Two methods were calculated for the possibility of providing a COLA benefit for these individuals:

1. Provide an annual increase in benefit equal to 10% of original indemnity. This would be non-compounding and the same method to be introduced January 1, 1982 for participants in CDIP. The total cost calculated over a 33-year period for those now on claim is \$3,104,725.

2. Provide an annual lump sum payment based on 19% of the paid benefits. (If the dentist continued to receive the same annual benefit from Citadel, then his annual COLA would be the same each year.) The total cost projected over a 33-year period was \$255,823.

The CDSPI Board agreed that it would be unfair to consider providing a COLA benefit to those under the Grandfather Plan and at the same time ignore those on claim under the current program. It was determined that the total cost to provide COLA to current and Grandfather Plan claimants would be approximately \$573,230 per annum.

RESOLVED:

- 82.15 *"That because of the costs that would be involved to implement this proposal which cannot be carried by the Plans, the concept should not be considered at this time."*

ADOPTED

6. Experience Reports

Experience reports as presented to our Board are attached (Schedule 2).

Final reports for 1981 will be available for the March CDA Board meeting.

7. Goodwill Cash Settlement/Malpractice Insurance

In September we were made aware of the fact that a problem appeared to be materializing in the Province of Ontario relating to cash payments as a result of deliberation of grievance committees at the local level.

The system in Ontario is that when the ODA receives a written complaint from the patient of a member, they contact the members of a voluntary grievance committee in the member's working area, and the "complaint" is discussed.

This is not a disciplinary procedure, but really an unofficial arbitration committee of the member's peers with the hope that the matter can be settled in an amicable fashion, and if such settlement involves a cash payment, e.g. a refund or a writing off of an amount not paid, a problem materializes in relation to the member's malpractice insurance if the patient should decide at a later date to take the matter further.

In some cases, a release form is signed by the patient, in other cases a release form is not received.

C.D.S.P.I.

The concern in Ontario relating to this procedure, particularly where release forms are not obtained, relates to the situation where the patient proceeds further with the matter after some form of unofficial settlement, possibly going as far as to obtaining legal counsel and proceed with a lawsuit against the member. The concern at this point is that the previous action taken by the member might prejudice the position of the member and the resulting "admission of guilt by refund" could nullify the malpractice insurance of the member.

The Management Committee brought these situations to the attention of the Administrators who were asked to investigate further with Guardian Insurance, not from the standpoint of having the procedures of such a grievance committee eliminated but having our current malpractice policy permitting this type of action to continue without jeopardy to the insured's malpractice coverage.

Guardian has since prepared a suggested amendment to the "assumption of liability clause", and it is therefore,

RESOLVED:

82.16

The insured shall not accept at his own cost or voluntarily make any payment, assume any obligation or incur any expenses other than for first aid to others at the time of accident. However, activities carried out under the auspices of any official grievance committee are permitted without prejudice to this insurance, and further

ADOPTED

RESOLVED:

That each provincial association and licensing body be made aware of the circumstances that have been investigated so that their committee members in this area can also be aware of the importance of the committee's activities and the effect their actions could have, and further

ADOPTED

C.D.S.P.I.

RESOLVED:

THAT an appropriate article be written on this subject and forwarded to the CDA for printing in the CDA Journal sometime in 1982 in order to bring all members into focus on this particular matter. The contents of this article would be reviewed by CDSPI solicitors and the insurer prior to publication.

ADOPTED

8. Goals for 1982

1. Graduate "No Cost Insurance" Enrollment to be 95% of the eligible graduates.

2. Penetrate the regular market by:

- (a) Increasing the number of first time participants by line:

Life	350	lives	from 6,478
Dependent's Life	150	lives	from 1,725
A D & D	300	lives	from 4,577
LTD	300	lives	from 6,023
Office Overhead	200	lives	from 4,670
Office Contents	300	lives	from 3,385
Earnings	250	lives	from 2,360
General Liability	200	lives	from 5,019
Malpractice	100	lives	from 6,172

- (b) Increase the average amount of insurance by line:

Life	10,000	from	122,000
Dependent's Life	4,000	from	36,000
A D & D	10,000	from	71,000
LTD	300	from	1,621
Office Overhead	200	from	2,130
Office Contents	7,000	from	63,164
Earnings	5,000	from	40,000

3. Attain a gross premium figure of 10 million dollars.

4. Continue to improve the quality of our promotion material, the style and the content.

NOTE: As at October 30, 1981 there were 10,527 participants in the "Program".

C.D.S.P.I.

Tactics to attain 1982 Goals

1. Use new material to promote the 1982 "No Cost Graduate Insurance Package". (Copy already forwarded to you in December.)

Adopt a different approach to the distribution of material and introduce an earlier deadline for receipt of applications. Have a contingency plan ready to handle a weak response situation at a particular faculty.

2. Seek alternate means of getting promotion material in the hands of dentists and auxiliaries.

Possibilities are:

- a) Using the CDA Journal as the main vehicle to relay promotion and/or communication messages to the profession.

Tear out, postage paid reply cards can be used as well as tear out application forms.

- b) Supply material to each Provincial Association and request that it be printed in their Bulletins or Journals.

- c) Having Reed Stenhouse handle distribution of material on a Provincial basis rather than having everything handled by one mailing house.

3. Repeat the Office Contents promotion whereby on July 1, 1982 there will be a 10% automatic increase in the amount of Office Contents and Earnings Insurance.

RESOLVED:

- 82.17 *THAT the promotion of an automatic 10% increase in Office Contents and Earnings insurance be implemented effective July 1, 1982.*

ADOPTED

4. Because of the problems encountered in the mailing of the COLA material, we could hold a special Open Enrollment to pick up those who did not send in their application for COLA, the \$500

C.D.S.P.I.

Long Term Disability and/or \$500 Office Overhead Expense Benefit in 1981 because they thought the deadline had passed.

RESOLVED:

- 82.18 *THAT CDSPI hold a special enrolment for the COLA LTD/00 Expense Benefit, for those who did not take advantage of the previous open enrolment. Such promotion to appear in the April 1982 issue of the CDA Journal.*

ADOPTED

5. Set out a co-ordinated series of ads for the CDA Journal intended to provide information of a more specific nature. For example, loss prevention, claim submission, level of insurance needed, etc.
6. Examine our service function very closely. Refine, change or introduce procedures that will guarantee prompt, efficient service for all participants.
7. All forms or material coming up for a reprint will be checked to ensure that it is up-to-date and up to our standards for quality. Standardization, colour-keyed for identification plus visual impact will be important.

Reference was made in the CDSPI Report at the Calgary meeting to Operation Feedback - an attitudinal survey of the profession as related to the C.D.I.P. Since final analysis of this survey has not been completed, a report will be presented to the CDA Board in September.

9. Endorsements

The attached endorsements relating to:

- (a) Malpractice (Endorsement No. 1, Policy No. 1043031); (Schedule 3); and
- (b) An Endorsement relating to revision of Claims Review Committee proceedings under the L.T.D. (Policy No. 51947); (Schedule 4)

were approved by the C.D.S.P.I. Board of Directors in 1981.

C.D.S.P.I.

This endorsement was requested in order to clarify the "Review Committee" procedures that exist between CDSPI/CDA and the Insurer when a problem existed between the two. This was not intended to be a third party avenue for claims review or participation and was being misinterpreted due to initial poor wording.

In addition, a number of endorsements and amendments relating to improvements in the Plans previously reported in our last report have been forwarded to the Executive Director of the C.D.A. for signature.

10. Benefit Committee Chairmens' Meeting

On Saturday, January 23, 1982 a joint meeting of the Directors of CDSPI and the Benefit Committee Chairmen was held.

The following suggestions were made and are reported to you now through this report:

1. It be considered that special notice be sent to those approaching age 65, informing them of life insurance coverage reductions taking effect at that age, and the conversion options available.
2. Include with the Benefit Chairman Handbook a section explaining, in detail with examples, each area of insurance coverage, including information on LTD benefit calculations, repayment procedures and Office Overhead reimbursement, etc.
3. The agreement was made to provide any loss prevention material to each province for publication in each province's "bulletin".
4. A suggestion was made to obtain a cost analysis relating to LTD on own occupation concept.
5. The development of an article or announcement informing participants as to proper procedures relating to a possible malpractice claim.

11. Staff Plan Report

A review of the current Staff Plan offered to all Dental Association employees was conducted during the year and a full report presented to the Directors of CDSPI.

In most areas, benefits were being upgraded with no additional premium, and a dental plan was also recommended as an addition, along with dependent life coverage.

C.D.S.P.I.

In connection with the LTD portion of the Plan, a review produced the recommendation that COLA be added. The Insurer (Imperial Life) agreed subject to it being jointly rated with the CDIP package.

RESOLVED:

- 82.19 *THAT a COLA provision be added to the LTD coverage contained in the staff plan, based on a benefit increase at an annual rate of 10%; such to be jointly rated with the LTD benefit available under the CDA insurance program.*

ADOPTED

This staff package will be promoted to all Provincial Dental Societies and Associations in early March.

12. British Columbia - Hygienists' Malpractice

CDSPI has received a request from the College of Dental Surgeons of British Columbia concerning the coverage for auxiliaries under the malpractice/liability insurance. We were asked to review comments from their solicitor and determine whether dentists are protected in British Columbia even though they may not be on the premises when a hygienist delivers services where they have provided direction.

Their solicitor points out that Section 70(c) under the B.C. Regulations states ".... hygienists may operate under the direction of a licensed Member who shall issue the necessary instructions as to which duties are delegated to members of an ancillary body and the licensed Member shall be responsible for the propriety of any duties so delegated Once having given these instructions the licensed Member need not be present when the authorized duties or procedures are carried out."

The request to CDSPI was to prepare an exclusion to be worded to require that the hygienist be working under the direction of a licensed Member.

The matter was reviewed by our administrators who pointed out that by complying with this request, we subject the auxiliary to supervisory conditions which mostly require the compliance of the supervisor. The auxiliary is being bound by conditions which are largely within someone else's control.

C.D.S.P.I.

They did, however, provide the following to amend Exclusion E of the policy,

RESOLVED:

- 82.20 *THAT Exclusion E of the policy be amended to read: "To provide insurance for a hygienist, dental assistant or dental nurse arising out of malpractice error or mistake committed by such a person,*
- (a) if licensed by the College of Dental Surgeons of British Columbia, if not acting under the direction of a licensed member as defined in Section 70 (c) of the B.C. regulations; or*
- (b) otherwise, if not acting under the supervision of a licensed dentist and if not on the premises of a licensed dentist."*

ADOPTED

13. General/Malpractice Insurance Loss Prevention Program

CDSPI has reviewed in detail all claims made for the years 1978, 1979 and 1980 on this insurance. Actual "causes of loss" were reviewed.

As a result, and after presenting these costs to the Directors, it was felt that some loss prevention program to benefit the claims experience and improve the knowledge of plan participants in this area was necessary.

RESOLVED:

- 82.21 *THAT each provincial licensing board and association be made aware of the malpractice suits in their respective provinces; and*

ADOPTED

RESOLVED:

FURTHER THAT CDSPi recommend a claim prevention program to the licensing boards and associations; and

ADOPTED

RESOLVED:

FURTHER THAT the licensing boards and associations be asked to implement a claims prevention program in their respective provinces.

ADOPTED

14. CDA Executive Committee Meeting - November 13, 1981

The following motions were recommended by the CDSPI Board of Directors to the CDA Executive and presented by the General Manager on November 13, with approval being obtained.

RESOLVED:

- 82.22 *THAT the Management Committee is directed to negotiate with Guardian Insurance Company for a total rate increase of 6% to be applied against both the general and malpractice insurance premium: 2% of this increase will be applied against the general insurance, and whatever % is necessary to keep the fund requirement at 6% be applied to malpractice.*

ADOPTED

RESOLVED:

- 82.23 (a) *THAT the Management Committee of CDSPI negotiate with Imperial Life to increase pooling limit of the CDIP Life Insurance policy to \$130,000 as at January 1, 1982.*
- (b) *THAT any time a major change takes place in the Life Program (e.g. 10% increase in coverage, 10% decrease in premium) that a proportionate change take place in the pooling limit.*
- (c) *THAT when negotiations next take place on the Life Insurance package that the pooling limit be a part of the negotiations.*
- (d) *THAT the pooling because of age be deleted.*

ADOPTED

RESOLVED:

- 82.24 (a) *THAT the management of all four funds of the CDA Retirement Savings Plan be returned to Royal Trust.*
- (b) *THAT terms of each fund be amended to comply with the requirements of mutual funds and registered retirement savings plans in Ontario for the purpose of the Ontario Securities Act.*

- (c) THAT CDSPI prepare and submit an application to the Ontario Securities Commission (OSC) to receive an exemption under the Act relating to the CDA's role as "promoter" of the funds within the meaning of the Act. Such application to be reviewed by the Management Committee before submission.
- (d) THAT sufficient funds be approved to complete the legal requirements and OSC application as outlined in this report and its accompanying schedules. Such funds are to come from the Plan.
- (e) THAT CDSPI negotiate with Royal Trust so that, although Royal Trust would have complete discretion as to the investment decision for the funds, they would be provided with investment recommendations from an independent advisor.

ADOPTED

15. Administration Study

The Board of Directors of CDSPI asked the Management Committee of CDSPI to review and present a written report relating to "Administration" from an "In-House" concept.

Such a report was compiled and presented to the Directors of CDSPI (Schedule 5).

RESOLVED:

82.25

THAT acceptance be given to the In-House Administration Report including its budgetary requirements and direction be given to CDSPI Management Committee to initiate its implementation.

ADOPTED

Respectfully submitted,

JED/bm
January 25, 1982

Dr. J.E. Durran

ADOPTION OF REPORT

The Board accepts the Report of the CDSPI with thanks.

TO: CDA Board of Governors

FROM: CDSPI Management Committee DATE: March 18, 1982

RE: Malpractice Insurance - Hygienists, Dental Assistants
or Dental Nurses

In our report dated March 1982, Item #12 was referred by the Executive Council of the CDA back to CDSPI for further clarification.

The item related to an exclusion to the Policy re insurance for hygienists, dental assistants or dental nurses arising out of a malpractice error or mistake committed by such a person not acting under the supervision of a licensed dentist.

The original situation and amended exclusion related to the Province of British Columbia.

The Executive Council of the CDA felt that any exclusion should refer to all provinces and, as a result of further investigating this matter, the following wording has been provided for your consideration, and was designed to be applicable to all provinces and territories, such exclusion to the Policy being:

"To provide insurance for a Hygienist, Dental Assistant or Dental Nurse arising out of malpractice, error or mistake committed by such a person when knowingly acting outside of the supervision requirements imposed by any health discipline legislation, excepting jurisdictions where there is no such legislation, if not acting under the supervision of a licensed dentist and if not on the premises of a licensed dentist."



Canadian Dental Service Plans Inc.

February 17, 1982

Mr. H. Drouin,
Executive Director,
Canadian Dental Association,
1815 Alta Vista Drive,
Ottawa, Ontario,
K1G 3Y6

Dear Hubert:

As a result of the motion passed at the Executive Council Meeting of the CDA on February 13, 1982, and in order to qualify Paragraph 2 of Page 2 of the Memorandum from our solicitors regarding the administration and promotion of insurance plans, an additional statement was requested from our solicitors.

Attached are the additional comments from Mrs. Moore of Campbell, Godfrey & Lewtas which should be an addendum to our original report to the Executive Council and form part of the report to your Board of Governors.

This letter relates to the second part of the motion passed on this subject.

Yours truly,

K.D. Butler, C.A.
General Manager

KDB/bm

CAMPBELL, GODFREY & LEWTAS

BARRISTERS & SOLICITORS

P.O. BOX 36

TORONTO-DOMINION CENTRE

TORONTO, CANADA

MSK 1CS

TELEPHONE (416) 362-2401

TELECOPIER (416) 362-2381

TELEX 065-24553

CABLE ADDRESS "ARNOLD" TORONTO

D. C. MENZEL, O.C.
JAMES A. BRADSHAW, O.C.
CLAUDE R. THOMPSON, O.C.
DONALD J. STEADMAN
EDWARD A. TORY
A. WAYNE MCCracken
ROBERT E. SHOLKIN
JOHN W. SABINE
STEPHEN S. RUBY
WALTER J. PALMER
DONALD E. SHORT
MARK A. RICHARDSON
LEAH PRICE
GAVIN MACRENNIE
RONALD J. MCCLOSKEY
MARK P. FRANKLEY
JEFFREY S. LEON
CORNELIA SCHUM
ELIZABETH J. JOHNSON
ALLAN G. BEACH
DALE W. J. SCOTT
MICHAEL F. BROWN

JOHN A. GELLER, O.C.
ROGER G. DOE, O.C.
GEORGE TIVILAK, O.C.
IAN MACREOR
BENJAMIN J. HUTZEL
DAHIEL J. DEACON
JOHN T. MORIN
KAREN F. TROTTER
KENNETH C. MORLOCK
LESLIE ROSE
SAMUEL W. RICCAITI
THOMAS B. BAKER
D. GEORGE KELLY
JOAN N. H. WEPPLER
PETER W. WAIR
GRANT R. M. HAYDEN
PETER J. BARRETTA
DOUGLAS E. GRUNDY
PAUL R. TRETHEWEY
DOUGLAS S. MOLES
NEAL J. SMITHENAN

COUNSEL
HON. JOHN H. GODFREY, O.C.
T. B. O. MCKEAG, O.C.

DELIVERED

Mr. K.D. Butler
General Manager
Canadian Dental Service
Plans Inc.
2 St. Clair Avenue East
Toronto, Ontario

Dear Kingsley:

CDSPI

You have requested that I clarify certain matters relating to the draft agreement among CDSPI, CDA and the insurance carriers which was annexed as a Schedule to my Memorandum addressed to the Management Committee of CDSPI.

Section 5 of the agreement provides that CDSPI is to be reimbursed for its expenses incurred in providing the services specified in the agreement. The amount of the reimbursement is to be, in the case of the service of collecting premiums, 5% of the gross premiums collected in the year. The 5% figure is the maximum amount which an insurer is permitted to allow a policyholder or its agent to retain for performing the collection of premiums service under the Superintendents' Rules on Group Life Insurance and also represents, as we understand it, a fair approximation of the costs and expenses incurred by CDSPI in performing this function. For the other services performed by CDSPI the agreement provides that CDSPI is to retain the amounts of the quarterly advances described in Schedule 5 and that these retained amounts will be adjusted at the end of each year to reflect CDSPI's actual expenses during that year. If the

amounts retained as quarterly advances exceed CDSPI's expenses CDSPI is required by section 6 of the agreement to repay the excess to the carrier within 15 days after the end of each year. Any such excess will presumably be paid into the reserve fund for the plan by the carrier.

As we discussed at the recent meeting of the CDSPI board of directors and as is I think clearly set out in my Memorandum, we feel that the arrangement which we have proposed whereby CDSPI and CDA are to enter into agreements with the various carriers authorizing CDSPI to perform the services described in the draft agreement is the arrangement which will best protect CDSPI from allegations that it is contravening provisions of provincial insurance or licensing statutes. As such statutes do not contemplate the existence of entities such as CDSPI and deal with the whole area of group insurance in only a very peripheral manner we are, as we have discussed, not able to give you an unqualified opinion that no provision of any such statute is being or will be breached by CDSPI in performing and being reimbursed for its expenses in performing the activities contemplated in the draft agreements. Since, however, insurance carriers clearly would be able to perform the services in question directly and reimburse themselves from the premiums collected for the performance of such services and can presumably delegate all or some of these services to the policyholder or its agent and since the statutes place on the insurers the primary responsibility of assuring that the premiums collected under a plan are not retained by or paid to unauthorized persons the agreements should give CDSPI and CDA the reassurance of knowing that the insurance carriers have satisfied themselves that the arrangements are acceptable and have in each case fully authorized CDSPI to perform the specified services on their behalf. As the agreements provide that the ultimate responsibility rests with the insurance carriers for determining the manner in which the portion of the premiums allocated to administrative services is spent and for supervising the promotion of the plans the possibility of offending the spirit and intent of the licensing requirements of the applicable statutes appears to be minimized by the proposed arrangement.

Yours truly,



A.B. Moore

ABM/nmb

Draft - December 21, 1981

Schedule 1

THIS AMENDING AGREEMENT is made as of the 1st day of
January, 1982.

B E T W E E N:

CANADIAN DENTAL ASSOCIATION,
a corporation incorporated under
the laws of Canada (the "Association")

- and -

CANADIAN DENTAL SERVICE PLANS INC.,
a corporation incorporated under
the laws of Canada ("CDSPI")

- and -

THE ROYAL TRUST COMPANY, a
corporation incorporated under
the laws of the Province of
Quebec ("Royal Trust")

WHEREAS:

A. The Association has made the necessary arrangements
to establish a Retirement Savings Plan (the "Plan") for the
benefit of those of its members and associates of its members
wishing to participate therein;

B. Royal Trust agreed to accept the office of trustee for
each member participating in the Plan by way of a trust agreement
and declaration of trust dated the twenty-third day of December,
1957 and amended as of the first day of October, 1969 and the
first day of March, 1972, which agreement, declaration and
amendments thereto have been superseded by the terms of an
agreement dated the twelfth day of December, 1979;

C. The trust agreement dated the twelfth day of December, 1979 provided for the approval and adoption of a Memorandum of Agreement (the "Memorandum of Agreement") and a Declaration of Trust (the "Declaration"), both of even date therewith;

D. The Association wishes to appoint CDSPI to act as its agent in dealing with Royal Trust and to perform certain clerical services to facilitate the communication by members of the Plan with Royal Trust; and

E. The parties hereto have agreed to amend the provisions of the Plan and to provide for changes in the management of the Plan by amending the terms of the Memorandum of Agreement.

NOW THEREFORE WITNESSETH that in consideration of the mutual covenants hereinafter set forth, the parties hereto agree as follows:

1. The Association hereby appoints CDSPI as its agent for the purposes of the Memorandum of Agreement and Royal Trust acknowledges such appointment. Without limitation of the foregoing, the Association delegates to CDSPI as its agent the power, authority and obligations of the Association under sections II, X and XII and the second paragraph of section V of the Memorandum of Agreement and Royal Trust agrees to recognize such delegation of power, authority and obligations.

2. In addition to its role as agent for the Association, CDSPI shall facilitate communication between Participants and the Trustee by performing the following services:

- (i) CDSPI shall, upon request, forward informational material and application forms to persons eligible to participate in the Plan;
- (ii) CDSPI shall forward to Royal Trust applications for participation in the Plan received by it after first checking to ensure that the applications are complete in all respects and that all applicants are eligible to participate in the Plan;
- (iii) CDSPI shall receive all contributions from Participants and shall forward them to the Trustee in a manner reasonably acceptable to the Trustee;
- (iv) CDSPI shall review all reports from the Trustee to ensure that the Trustee has properly processed applications, contributions and other material forwarded to it by CDSPI; and
- (v) CDSPI shall co-operate with the Trustee in the preparation of annual reports and other informational material for distribution to Participants.

3. Section VI of the Memorandum of Agreement shall be amended by deleting the words "Participants of the Plan" in the second line and replacing them with the words "Participants' Accounts". In addition, section VI of the Memorandum of Agreement shall be amended by adding at the end thereof the following sentence:

"No change may be made in the prescribed investments for each of the Investment Funds nor may any new Investment Fund be created or any of the existing Investment Funds be terminated or combined unless each Participant has received written notice of such proposed change not less than ninety days prior to the effective date of the change."

4. Section VII of the Memorandum of Agreement shall be deleted in its entirety and shall be replaced with the following:

"The Trustee shall supervise, hold, manage and direct the investment and reinvestment of the cash securities and other property comprising the assets of each of the Investment Funds without distinction between principal and income and for these purposes shall make and carry into effect investment decisions."

5. Section XIV of the Memorandum of Agreement shall be amended by adding at the end thereof the following sentence:

"No resignation by or removal of the Trustee shall become effective before ninety days following the giving of written notice to each of the Participants of the proposed resignation or removal."

6. Section XV of the Memorandum of Agreement shall be deleted in its entirety and shall be replaced with the following:

"The Trustee shall be entitled to receive in each month, in respect of acting as trustee of each Participants' Account and of each of the Investment Funds and in respect of portfolio management and all other services except for registrar services, a fee equal to one forty-eighth of one percent of the asset value of each of the Investment Funds for that month as determined in accordance with the provisions of section XI hereof. The agent of the Association, Canadian Dental Service Plans Inc., shall be entitled to receive in each month, in respect of its clerical and administrative services, a fee equal to one forty-eighth of one percent of the asset value of each of the Investment Funds for that month determined pursuant

to the provisions of section XI hereof. All fees shall be payable out of the respective Investment Funds and shall be paid on the business day next following each Valuation Date. Out of the fees it receives, CDSPI shall pay to the Trustee a fee calculated at the rate of ten dollars per annum for each Participant in respect of the registrar services performed by the Trustee. In addition to the foregoing fees, the Trustee shall be reimbursed by the Funds for reasonable out-of-pocket expenses incurred by it in fulfilling its obligations under this agreement including brokerage commissions and accounting and legal fees."

7. The parties hereby acknowledge and agree that, except as amended hereby, the terms and conditions of the Memorandum of Agreement shall remain in full force and effect and CDSPI shall be deemed to be a party to the Memorandum of Agreement.

IN WITNESS WHEREOF the parties hereto have caused this agreement to be signed by their duly qualified officers and their corporate seal to be thereunto affixed as of the day and year first above written.

CANADIAN DENTAL ASSOCIATION
by:

c/s

CANADIAN DENTAL SERVICE PLANS INC.

by:

c/s

THE ROYAL TRUST COMPANY

by:

c/s

TO: THE ONTARIO SECURITIES COMMISSION

Application is hereby made pursuant to the provisions of section 73 of the Securities Act (the "Act") for an order that the trading of units in the four Funds (as hereinafter defined) with registered retirement savings plans held under the Canadian Dental Association Retirement Savings Plan is not subject to section 24 or section 52 of the Act.

Part A: Background Information

1. This is a joint application by the Canadian Dental Association ("CDA"), Canadian Dental Service Plans Inc. ("CDSPI") and The Royal Trust Company ("Royal Trust").
2. The CDA is a corporation without share capital incorporated under the laws of Canada and is a subsisting corporation subject to the Canada Corporations Act. The CDA is an association of Canadian dentists which has been incorporated for the purpose of furthering the interests of its members.
3. CDSPI is a corporation without share capital incorporated under the laws of Canada and is a subsisting corporation subject to the Canada Corporations Act. The membership of CDSPI consists of the CDA and each of the provincial statutory dental licencing bodies or corporations. The purpose of CDSPI is to make recommendations to the CDA concerning the offering of co-operative benefit plans to CDA members and to provide administrative services in connection with the implementation of such plans. A description of the services provided by CDSPI to

the CDA are set out in the agreement between those two bodies which is annexed as Exhibit 1 hereto.

4. In recognition of the fact that dentists, the vast majority of whom practice on their own or in small partnerships, are usually not participants in corporate pension plans, the CDA established the Canadian Dental Association Retirement Savings Plan (the "Plan") in 1957 following the amendments to the Income Tax Act (Canada) which introduced registered retirement savings plans as a tax deferral and retirement savings vehicle.

5. Since its initial establishment in 1957 pursuant to an agreement between the CDA and Royal Trust, a corporation incorporated under the laws of the Province of Quebec and registered under the Loan and Trust Corporations Act, the Plan and the agreements governing it have undergone a number of revisions. At present Plan is governed by an agreement (the "Master Agreement") dated December 12, 1979 between the CDA and Royal Trust, a copy of which agreement is annexed as Exhibit 2 hereto. The Master Agreement included the adoption of an agreement (the "Memorandum of Agreement") dated the same date, a copy of which agreement is annexed as Exhibit C to the Master Agreement. The Memorandum of Agreement has been amended by an agreement dated as of January 1, 1982, a copy of which agreement is annexed as Exhibit 3 hereto.

6. Application for participation in the Plan may only be made by licenced dentists and dental surgeons, their employees and employees of the CDA and each of the provincial dental associations or corporations. Spouses of participating individuals are also eligible to participate. No general solicitation is made to the public with a view to participation in the Plan.

7. Individuals interested in participating in the Plan receive (i) a summary description of the Plan and each of the four Funds, which description is in the process of being revised and updated as outlined in paragraph 2 of Part B of this application; (ii) an application form, a copy of which is annexed hereto as Exhibit A to the Master Agreement; (iii) a copy of the declaration of trust by Royal Trust with respect to each retirement savings plan, a copy of which is annexed hereto as Exhibit B to the Master Agreement; and (iv) a copy of the latest annual report of the Plan, a copy of which is annexed as Exhibit 4 hereto.

8. When an eligible individual wishes to participate in the Plan the individual completes the prescribed application form. On receipt of such a completed application, Royal Trust proceeds to register a separate retirement savings plan (a "CDARSP") under the provisions of the Income Tax Act (Canada) for the applicant.

9. Under the terms of the Plan and the Memorandum of Agreement four distinct trusts are created, designated respectively as the Common Stock Fund, the Fixed Income Fund, the Balanced Fund and the Guaranteed Fund (the "Funds"). The eligible investments for each Fund are specified in the Memorandum of Agreement.

10. When a participant in the Plan wishes to contribute funds to his CDARSP, he designates the amount, if any, which he wishes to invest in each of the four Funds.

11. All or a portion of the value held by a CDARSP in any one Fund may be transferred to any other Fund at the prevailing unit values on the next valuation

date. Unit values are established for all Funds on the last day of each month. Units of each Fund may not be transferred or assigned in any manner. A participant in the Plan may, upon 30 days notice, deregister his CDARSP and receive a return of his investment at the prevailing unit values on the next valuation date.

12. All of the Funds are managed by Royal Trust. CDSPI acts as an intermediary in processing instructions from CDARSP holders to Royal Trust and, on behalf of CDARSP holders, ensures that Royal Trust properly processes such instructions. CDSPI and Royal Trust cooperate in the preparation of the annually updated summary description of the Plan and the annual report.

13. The CDA does not receive nor has it ever received any remuneration for its involvement in the Plan. For its services with respect to the Plan and each of the Funds, including acting as trustee and provision of investment management, Royal Trust receives from the Funds a fee of one-quarter of one per cent per annum based on the asset value of each Fund. CDSPI receives a fee from the Funds of one-quarter of one per cent per annum based on the asset value of each Fund for its clerical and administrative services. Both of the fees are calculated and paid monthly and are based on asset values as determined on each monthly valuation date. Out of its fee CDSPI remits to Royal Trust an additional charge for registrar services performed by Royal Trust of \$10 per annum per CDARSP holder.

14. No other fees are charged to the Fund or the CDARSP's or the CDARSP holders in the form of acquisition or disposition charges or otherwise. Expenses such as normal brokerage charges relating to trading by the Funds in investments are charged to the Funds.

15. There are, at the time of this application, approximately 6,275 licenced members of the CDA, of which approximately 3,750 are resident in Ontario. The following table shows the number of CDARSP's holding units in the Funds as at August 31, 1981: (Update)

	<u>Common Stock Fund</u>	<u>Fixed Income Fund</u>	<u>Balanced Fund</u>	<u>Guaranteed Fund</u>
Ontario	333	357	110	267
Other Provinces	<u>434</u>	<u>324</u>	<u>100</u>	<u>242</u>
	767	681	210	509

Units in each of the Funds are offered only to CDARSP's. The total assets of the Plan as of July 31, 1981 were \$34,097,758. (Update)

16. In addition to the annual report of the Plan, each participant in the Plan receives a quarterly statement detailing the current value of units held by the participant's CDARSP in each Fund.

17. No prospectus or statement of material facts has been issued with respect to the units in the Funds established by the Plan and the Funds have made no filings under the Act.

Part B: Specific Application

1. The applicants hereby apply for a ruling pursuant to section 73 of the Act that the trading of units in the Funds with CDARSP's is not subject to section 24 or section 52 of the Act.

2. It is proposed that the summary description of the Plan and the Funds distributed to individuals interested in participating in the Plan be expanded to include the information set forth in Exhibit 5 hereto and be updated annually.

3. Each of the Funds is a private mutual fund within the meaning of paragraph 1(1)(32) of the Act.

4. Units in each of the Funds do not qualify for the exemptions provided by paragraphs 34(2)(3) and 72(1)(a) of the Act because of the provisions of subsection 18(2) of the regulations made under the Act in that the CDA may be considered to be a "promoter" of the Funds within the meaning of the Act.

5. It is submitted that for the following reasons the interest of the public in Ontario would not be prejudiced by the granting of the order sought by this application:

(i) The CDA believes that it is important to inform its members of the need for proper planning for retirement and to encourage such planning through provision of the Plan.

(ii) The CDA believes that dentists have confidence in their association and are prepared to become involved in a CDA-sponsored retirement savings vehicle such as the Plan whereas some dentists would not otherwise become involved in a retirement savings plan.

(iii) The relationship among the CDA, CDSPI and their respective members is, in essence, a non-arms length relationship.

(iv) Participation in the Plan is limited to an associated group of professionals, their employees and spouses.

(v) Units of the Funds are offered only to CDARSP's.

(vi) Investment in the Funds is not of a speculative nature but rather a long term investment regulated by the provisions of the Income Tax Act and regulations made thereunder.

(vii) The Plan is serviced on a non-profit basis by the CDA and CDSPI.

6. The facts set out in this application are true and correct to the best of the applicants' knowledge and belief.

DATED this day of January, 1982.

CANADIAN DENTAL ASSOCIATION

per:

CANADIAN DENTAL SERVICE PLANS INC.

per:

THE ROYAL TRUST COMPANY

per:

EXHIBIT 5

Information to be included in Summary Brochure

Each year a brochure will be produced which will describe the structure and operation of the Plan, including a description of the following items:

- 1. Description of Structure of Plan**
 - existence of declaration of trust and contents
 - description of Trustee

- 2. Description of Four Funds**
 - investment policies and objectives
 - automatic reinvestment of income of each Fund

- 3. Acquisition and Disposition of Units**
 - eligibility for participation in Plan
 - application procedure and application form
 - valuation procedure and frequency of valuations
 - transferability of investment and withdrawal of funds
 - termination of investment and withdrawal of funds

4. Management and Administration of Funds

- role of Trustee as trustee for Plans and as manager of Funds and fees paid to Trustee
- role of CDSPI in provision of clerical services and fees paid therefor
- quarterly statements and annual reports to be provided

5. Historical Performance of Funds

- five year history of unit values
- five year history of management and administrative fees and other expenses

6. Tax Status

- of the Plan
- of the unit holder

Schedule 2

LIFE EXPERIENCE REPORT

	1979			
	<u>March</u>	<u>June</u>	<u>September</u>	<u>December</u>
Earned Premium to date	\$ 241,075	\$ 480,165	\$ 751,050	\$ 1,131,545
Less: claims paid to date	65,000	197,000	211,000	459,300
Change in reserves:				
- Level premium reserves	-	4,798	7,192	19,342
- Est. death benefits reserves	<u>2,395</u>	<u>55,427</u>	<u>85,828</u>	<u>269,936</u>
Sub-total	173,680	222,940	447,030	382,967
Less: <u>Retention Charges:</u>				
- Administration - Imperial	4,219	8,403	13,143	35,091
- 15% gross up (R.S.A. & C.D.S.P.I.)	31,460	62,662	114,150	147,667
- Premium tax	4,822	9,603	18,235	22,426
- Profit and Contingency	2,411	4,802	7,511	9,839
- Miscellaneous	600	1,400	1,800	13,019
Plus: Interest credit	<u>36,572</u>	<u>116,431</u>	<u>176,676</u>	<u>251,199</u>
Result of total operation	\$ <u>166,740</u>	<u>252,501</u>	<u>468,867</u>	<u>406,124</u>

SUMMARY

Annualized premiums	\$ <u>1,131,545</u>	<u>1,131,545</u>	<u>1,131,545</u>	<u>1,131,545</u>
Level premium reserves	\$ 197,844	200,247	202,641	241,791
Est. death benefits reserves	<u>181,401</u>	<u>236,828</u>	<u>267,229</u>	<u>451,337</u>
Total Reserves	\$ <u>379,245</u>	<u>437,075</u>	<u>469,870</u>	<u>666,128</u>
Rate Stabilization Reserve	\$ 412,230	412,230	565,773	502,617
Experience Surplus	608,635	692,027	717,611	681,332
Investment Surplus	<u>637,193</u>	<u>639,562</u>	<u>830,345</u>	<u>713,492</u>
Contingency Reserve	\$ <u>1,658,058</u>	\$ <u>1,743,819</u>	\$ <u>2,113,729</u>	\$ <u>1,897,441</u>

LIFE EXPERIENCE REPORT

	1980			
	<u>March</u>	<u>June</u>	<u>September</u>	<u>December</u>
Earned Premium to date	\$ 297,140	\$ 532,007	\$ 950,565	\$ 1,171,993
Less: claims paid to date	263,000	407,000	407,000	387,700
<u>Change in reserves:</u>				
- Level premium reserves	(10,443)	(8,147)	(5,815)	24,985
- Est. death benefits reserves	<u>155,498</u>	<u>158,059</u>	<u>202,896</u>	<u>185,655</u>
Sub-total	(110,915)	(24,905)	346,484	573,653
<u>Less: Retention Charges:</u>				
- Administration - Imperial	2,971	5,320	9,506	33,313
- 15% gross up (R.S.A. & C.D.S.P.I.)	38,777	69,427	124,049	152,945
- Premium tax	5,943	10,640	19,011	23,335
- Profit and Contingency	2,971	5,320	9,506	10,190
- Miscellaneous	798	1,798	1,798	6,634
Plus: Interest credit	<u>80,348</u>	<u>179,673</u>	<u>276,884</u>	<u>376,405</u>
Result of total operation	\$ <u>(82,027)</u>	<u>62,263</u>	<u>459,498</u>	<u>723,641</u>
<u>SUMMARY</u>				
Annualized premiums	\$ <u>1,156,019</u>	<u>1,304,883</u>	<u>1,267,420</u>	<u>1,171,993</u>
Level premium reserves	\$ 218,945	217,241	219,573	240,403
Est. death benefits reserves	606,835	609,396	654,233	636,365
Total Reserves	\$ <u>825,780</u>	<u>826,637</u>	<u>873,806</u>	<u>876,768</u>
Rate Stabilization Reserve	\$ 502,617	502,617	633,710	555,422
Experience Surplus	666,398	665,366	800,181	975,762
Investment Surplus	<u>646,398</u>	<u>791,720</u>	<u>923,048</u>	<u>1,089,898</u>
Contingency Reserve	\$ <u>1,815,413</u>	<u>\$ 1,959,703</u>	<u>\$ 2,356,939</u>	<u>\$ 2,621,082</u>

LIFE EXPERIENCE REPORT

	1981			
	March	June	September	December
Earned Premium to date	\$ 300,919	\$ 593,332	\$ 1,022,393	\$ 1,391,241
Less: claims paid to date	139,000	424,000	726,000	1,061,000
Change in reserves:				
- Level premium reserves	1,647	3,268	10,489	22,781
- Est. death benefits reserves	(52,059)	(71,403)	(54,000)	50,616
Sub-total	212,331	237,467	339,904	256,844
Less: Retention Charges:				
- Administration - Imperial	10,382	14,955	35,273	48,232
- 15% gross up (R.S.A. & C.D.S.P.I.)	39,270	56,568	133,422	181,474
Premium tax	6,018	8,669	20,448	27,689
- Profit and Contingency	2,617	3,769	8,890	12,098
- Miscellaneous	1,125	5,175	3,825	4,475
Plus: Interest credit	116,717	210,357	330,386	517,063
Result of total operation	\$ 269,636	\$ 358,688	\$ 468,432	\$ 499,939

SUMMARY

Annualized premiums	\$ 1,300,000	\$ 1,718,000	\$ 1,429,358	\$ 1,391,241
Level premium reserves	\$ 242,050	243,671	250,891	265,909
Est. death benefits reserves	584,306	564,962	765,036	907,251
Total Reserves	\$ 826,356	\$ 808,633	\$ 1,015,927	\$ 1,173,160
Rate Stabilization Reserve	\$ 555,422	\$ 555,422	\$ 714,678	\$ 734,400
Experience Surplus	898,754	1,200,255	1,106,027	549,888
Investment Surplus	881,120	1,064,235	1,043,077	1,606,961
Contingency Reserve	\$ 2,335,296	\$ 2,819,912	\$ 2,363,782	\$ 2,891,249

L.T.D. EXPERIENCE REPORT

	1979			
	<u>March</u>	<u>June</u>	<u>September</u>	<u>December</u>
Earned Premium to date	\$ 851,529	\$ 1,546,882	\$ 1,961,727	\$ 2,843,440
Less: claims paid to date	415,851	757,965	984,179	1,301,187
<u>Change in reserves:</u>				
- Incurred but not reported claims reserve	(40)	(17,136)	(17,136)	210,607
- Open claims reserve	<u>695,430</u>	<u>1,031,128</u>	<u>999,394</u>	<u>1,017,126</u>
Sub-total	(259,712)	(225,075)	(4,710)	314,520
<u>Less: Retention Charges:</u>				
- Administration - Imperial	5,553	10,088	17,793	18,543
- 15% gross up (R.S.A. & C.D.S.P.I.)	111,125	201,868	256,005	371,069
- Premium tax	17,031	30,938	39,235	55,987
- Underwriting fees	5,856	10,524	12,600	17,232
- Medical expense fees	4,803	6,490	8,232	11,436
- Claims administration	13,750	25,100	31,380	42,085
- Profit and Contingency	9,255	19,336	21,322	30,965
- Claimant visits		345	825	
Plus: Interest credit	<u>65,428</u>	<u>126,666</u>	<u>173,247</u>	<u>234,350</u>
<u>Result of total operations:</u>	\$ <u>(361,657)</u>	<u>(403,098)</u>	<u>(218,855)</u>	<u>1,613</u>

SUMMARY

<u>Annualized premiums</u>	\$ <u>2,574,547</u>	<u>2,489,067</u>	<u>2,843,440</u>	<u>2,902,229</u>
I.B.N.R. Claims Reserve	\$ 514,909	497,813	497,813	725,557
Open Claims Reserve	<u>1,375,551</u>	<u>1,711,249</u>	<u>1,679,515</u>	<u>1,697,247</u>
Total Reserves	\$ <u>1,890,460</u>	<u>2,209,062</u>	<u>2,177,328</u>	<u>2,422,804</u>
Rate Stabilization Reserve	\$ <u>(300,484)</u>	\$ <u>(341,925)</u>	\$ <u>(63,021)</u>	\$ <u>136,779</u>
<u>Transfer from Citadel</u>		118,066	118,006	118,066
<u>Graduates Coverage</u>			\$(23,045)	\$(44,073)

L.T.D. EXPERIENCE REPORT

	1980			
	<u>March</u>	<u>June</u>	<u>September</u>	<u>December</u>
Earned Premium to date	\$ 725,557	\$1,672,713	\$ 2,586,613	\$ 3,568,831
Less: claims paid to date	399,655	814,302	1,294,523	1,721,002
<u>Change in reserves:</u>				
- Incurred but not reported claims reserve		140,033	157,238	(18,182)
- Open claims reserve	<u>393,082</u>	<u>520,028</u>	<u>860,345</u>	<u>1,010,228</u>
Sub-total	(67,180)	198,350	274,507	855,783
Less: <u>Retention Charges:</u>				
- Administration - Imperial	4,732	10,908	16,868	23,273
- 15% gross up (R.S.A. & C.D.S.P.I.)	94,685	218,285	337,553	465,733
- Premium tax	14,511	33,454	51,732	70,919
- Underwriting fees	7,824	11,436	16,752	15,292
- Medical expense fees	4,095	8,206	12,341	20,314
- Claims administration	13,600	22,800	33,640	44,140
- Profit and Contingency	7,886	18,180	28,113	38,789
- Claimant visits	15	15	554	1,157
Plus: Interest credit	<u>78,986</u>	<u>225,270</u>	<u>351,966</u>	<u>475,409</u>
<u>Result of total operations:</u>	\$ <u>(135,542)</u>	\$ <u>100,336</u>	\$ <u>128,920</u>	\$ <u>651,111</u>

SUMMARY

Annualized premiums	\$ <u>2,902,229</u>	\$ <u>3,462,358</u>	<u>3,531,181</u>	<u>3,568,831</u>
I.B.N.R. Claims Reserve	\$ 725,557	865,590	882,795	932,421
Open Claims Reserve	<u>2,090,329</u>	<u>2,217,275</u>	<u>2,557,592</u>	<u>2,540,600</u>
Total Reserves	\$ <u>2,815,886</u>	\$ <u>3,082,865</u>	<u>3,440,387</u>	<u>3,433,021</u>
Rate Stabilization Reserve	\$ <u>1,236</u>	\$ <u>352,184</u>	\$ <u>380,799</u>	\$ <u>889,157</u>
Transfer from Citadel			\$ 115,100	\$ 115,100
<u>Graduates Coverage</u>				\$ (22,767)

L.T.D. EXPERIENCE REPORT

	1981			
	<u>March</u>	<u>June</u>	<u>September</u>	<u>December</u>
Earned Premium to date	\$ 894,097	\$1,795,100	\$ 2,798,323	\$ 3,833,277
Less: claims paid to date	498,776	942,575	1,453,802	2,004,909
<u>Change in reserves:</u>				
- Incurred but not reported claims reserve		52,309	52,309	(5,494)
- Open claims reserve	<u>589,554</u>	<u>413,294</u>	<u>961,494</u>	<u>1,449,285</u>
Sub-total	(194,233)	386,922	330,718	384,577
Less: <u>Retention Charges:</u>				
- Administration - Imperial	5,831	11,706	18,249	25,000
- 15% gross up (R.S.A. & C.D.S.P.I.)	116,680	234,261	365,181	499,972
- Premium tax	17,882	35,902	55,966	76,666
- Underwriting fees	11,865	17,858	21,975	23,821
- Medical expense fees	6,841	11,026	14,293	17,274
- Claims administration	17,148	32,985	47,643	63,411
- Profit and Contingency	9,718	19,511	30,414	41,666
- Claimant visits	35	35	36	997
Plus: Interest credit	<u>155,243</u>	<u>366,157</u>	<u>566,100</u>	<u>767,641</u>
<u>Result of total operations:</u>	<u>\$ (224,990)</u>	<u>\$ 389,795</u>	<u>\$ 343,061</u>	<u>\$ 403,411</u>

SUMMARY

<u>Annualized premiums</u>	<u>\$ 3,569,708</u>	<u>\$ 3,778,942</u>	<u>\$ 3,778,942</u>	<u>\$ 3,833,277</u>
<u>I.B.N.R. Claims Reserve</u>	<u>\$ 892,427</u>	<u>\$ 944,736</u>	<u>\$ 944,736</u>	<u>\$ 959,622</u>
<u>Open Claims Reserve</u>	<u>3,130,159</u>	<u>2,953,899</u>	<u>3,502,099</u>	<u>3,922,695</u>
<u>Total Reserves</u>	<u>\$ 4,022,586</u>	<u>\$ 3,898,635</u>	<u>\$ 4,446,835</u>	<u>\$ 4,882,317</u>
<u>Rate Stabilization Reserve</u>	<u>\$ 655,193</u>	<u>\$ 1,269,795</u>	<u>\$ 1,223,244</u>	<u>\$ 1,351,484</u>
<u>Transfer from Citadel</u>				\$ 102,987
<u>Graduates Coverage</u>				\$ (24,109)

GENERAL INSURANCE PROGRAM

COMPARISON AND REVIEW AT SEPTEMBER 30, 1981

	<u>1978</u>	<u>YEAR</u> <u>1979</u>	<u>1980</u>	<u>9 Months</u> <u>to Sept. 1981</u>	<u>Loss Ratio</u> <u>for 3 Years, 9 Months</u>
<u>General</u>	488,986	458,416	679,546	571,643	
<u>Loss Ratio %</u>	115.0	82.5	97.6	93.2	96.0
<u>Malpractice</u>	195,183	451,377	439,398	341,544	
<u>Loss Ratio %</u>	58.5	113.4	96.0	92.8	91.7
<u>TOTALS</u>	684,170	909,793	1,118,944	913,187	
<u>LOSS RATIO %</u>	90.2	95.4	97.0	93.1	94.3

LOSS RATIO % SINCE DECEMBER 1978 CUMULATIVE

	<u>1978</u>	<u>1979</u>	<u>1980</u>	<u>1st Qtr.</u>	<u>1981</u> <u>2nd Qtr.</u>	<u>3rd Qtr.</u>
<u>General</u>	103.4	98.2	102.1	100.2	95.2	96.0
<u>Malpractice</u>	33.2	62.2	76.7	79.3	90.4	91.7
<u>TOTAL</u>	72.5	82.8	91.6	91.6	93.3	94.3

EXPERIENCE REPORT
O.D.A. EXTENDED HEALTH CARE PLAN
FOR SIX MONTHS TO JUNE 30, 1981
 (First Year in Operation)

	<u>PAID CLAIMS</u>	<u>PREMIUM</u>	<u>LOSS RATIO</u>
Member - Hospital	\$ 10,960	\$ 12,469	87.9%
- Major Medical	17,132	34,918	49.1%
Dependent - Hospital	9,436	16,294	57.9%
- Major Medical	<u>19,466</u>	<u>71,140</u>	27.4%
<u>TOTAL</u>	<u>\$ 56,994</u>	<u>\$ 134,821</u>	42.3%

NOTE: There has been 1 (one) weekly indemnity claim paid to date for \$725.00.

EXPERIENCE REPORT

O.D.A HEALTH PLANS

FOR NINE MONTHS ENDED SEPTEMBER 30, 1981

	<u>Paid Claims</u>	<u>Premium</u>	<u>Loss Ratio</u>
Member - Hospital	\$ 16,455	\$ 19,111	86.1%
- Major Medical	39,809	54,035	73.7%
Dependent - Hospital	15,580	24,625	63.3%
- Major Medical	43,350	108,941	39.8%
TOTAL	<u>\$115,194</u>	<u>\$206,712</u>	<u>55.7%</u>
<u>SIX MONTHS RATIO</u>			<u>42.3%</u>

PARTICIPATION AT NOVEMBER 30, 1981

	<u>Single</u>	<u>Family</u>	<u>Total</u>
Extended Health	748	1,981	2,732
O.H.I.P.	205	1,176	1,381

GENERAL STATISTICS REPORT

AT NOVEMBER 30, 1981

	<u>Single</u>	<u>Family</u>	<u>Total</u>
RE:			
1. Atlantic Province Blue Cross (Roll Over to Extended Health January 1, 1982)	<u>29</u>	<u>98</u>	<u>127</u>
2. Quebec Blue Cross	<u>102</u>	<u>298</u>	<u>400</u>

C.D.A. R.R.S.P.

SURVEY OF FUNDS FOR THE PERIOD ENDED NOVEMBER 30, 1981

	<u>1ST</u> <u>YR.</u>	<u>3RD</u> <u>YR.</u>	<u>5</u> <u>YR.</u>	<u>10</u> <u>YR.</u>
<u>EQUITY FUNDS</u>				
CDA	-1.9	13.7	15.8	9.1
CMA	-6.7	20.9	27.8	17.3
Royal Trust	-11.9	21.2	21.2	19.7
Highest in Group	26.1	28.4	30.6	23.5
Lowest in Group	-29.7	6.8	8.9	2.2
Average of Group	-8.0	18.9	19.8	11.2
<u>BALANCED FUND</u>				
CDA	-1.4	-	-	-
Royal Trust	15.3	-	-	-
Highest in Group	15.3			
Lowest in Group	-7.1			
Average of Group	.6			
<u>FIXED INCOME FUND</u>				
CDA	11.6	7.1	7.7	7.7
CMA	14.5	12.3	11.3	-
Royal Trust	12.7	9.8	9.6	9.3
Highest in Group	18.9	14.4	11.6	10.3
Lowest in Group	-1.2	-0.5	2.9	4.6
Average of Group	9.7	6.9	7.7	7.3
<u>GUARANTEED FUND</u>				
CDA	15.9	12.7	10.6	-
CMA	16.4	13.6	12.0	10.5
Royal Trust	16.5	13.5	11.9	-
Highest in Group	17.3	13.6	12.0	10.5
Lowest in Group	13.6	11.6	10.4	9.5
Average of Group	16.3	12.8	11.0	10.0
<u>T.S.E. 300 INDEX</u>	-10.2	22.5	21.2	13.1

Schedule 3

ENDORSEMENT NO. 1
POLICY NO 1043031

POLICY HOLDER: THE BOARD OF GOVERNORS OF THE CANADIAN DENTAL ASSOCIATION
INSURER: GUARDIAN INSURANCE COMPANY OF CANADA

Effective May 12, 1981 this policy is amended as follows:-

1. The other Insurance Clause appearing on Page 8 of Section III hereof is deleted and following substituted therefor:-

OTHER INSURANCE:

If the Insured has other insurance against a loss covered by this Section it is agreed that the insurance provided by any such policy shall be considered as excess and non-contributing insurance insofar as the insurance provided under this Section is concerned and shall be held to attach and cover only after the insurance under this Section has been exhausted.

However if the Insured has other insurance available to him applying to claims arising out of his acting in an administrative capacity on behalf of a professional association or hospital it is agreed that the insurance provided by any such Policy shall be considered as primary and non-contributing insurance in so far as the insurance provided under this Section is concerned and the insurance under this section shall be held to attach and cover only after such other insurance has been exhausted.

2. Exclusion (d) appearing on Page 3 of Section IV hereof is deleted
3. The other Insurance Clause appears on Page 5 of Section IV hereof is deleted and the following substituted therefor:-

OTHER INSURANCE:

If the Insured has other insurance against loss covered by this Section it is agreed that the insurance provided by any such Policy shall be considered as excess and non-contributing insurance insofar as the insurance provided under this Section is concerned and shall be held to attach and cover only after the insurance under this Section has been exhausted.

However if the Insured has other insurance available to him applying to claims arising out of malpractice, error or mistake committed

(a) by an Insured while acting in an official capacity on behalf of a professional association or hospital

or

(b) in the Province of Ontario when an Insured is licensed by and has insurance arranged by The Royal College of Dental Surgeons of Ontario

it is agreed that the insurance provided by any such Policy shall be considered as Primary and non-contributing insurance insofar as the

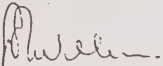
PAGE NO. 2

ENDORSEMENT NO. 1

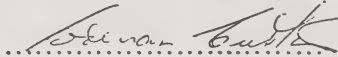
POLICY NO. 1043031

insurance provided under this Section is concerned and the insurance under this section shall be held to attach and cover only after such other insurance has been exhausted.

In witness whereof, the Insurer has caused this Policy to be executed by its President but it shall not be binding upon the Insurer until countersigned on the behalf of the Insurer.



Countersigned



President

Dated at Toronto, Ontario this 20th day of May 1981.



REQUEST FOR AMENDMENT

Policy No. 51947

Policyholder

THE BOARD OF GOVERNORS OF THE
CANADIAN DENTAL ASSOCIATION

Amendment to become

Effective

August 1, 1981

The Imperial Life Assurance Company of Canada is hereby requested and authorized either to amend the above-mentioned policy or to issue a policy in substitution and cancellation thereof in order to give effect to the following amendments. Any statements made herein or in connection herewith are to be of the same effect as if they were part of an application for such amended or substitute policy, as the case may be.

These are the amendments referred to above.

Delete section 15. CLAIMS REVIEW COMMITTEE and substitute the following:

"15. CLAIMS REVIEW COMMITTEE

In the event of a dispute between the Policyholder and the Company as to the facts or the amount of indemnity due in respect of any claim, the claim may be submitted to the Claims Review Committee, consisting of two authorized representatives of the Canadian Dental Association, two authorized representatives of The Imperial Life Assurance Company of Canada, and one further member appointed unanimously by the previously mentioned representatives. The one further member shall not be an employee or member of the Company or the Association. Any decision agreed upon by this Committee shall be final and binding upon the parties to the dispute."

Dated at Ottawa this 26 day of November

1981

Dorothea Tresselt
Witness to Policyholder's Signature

Herbert Shown
Policyholder

IN HOUSE ADMINISTRATION REPORT

JANUARY 1982

REPORT TO C.D.S.P.I. BOARD OF DIRECTORS

SECTION I

INTRODUCTION

TO: C.D.S.P.I. Board of Directors
FROM: C.D.S.P.I. Management Committee

DATE: December 24, 1981

The strategic planning process relating to the "Administration 2" has proceeded on schedule, since the Directors' Meeting in Calgary.

As you will recall, at that Meeting, a preliminary report was presented outlining the proposed strategy, and setting this strategy into a time frame of six stages. Since that report was submitted, five of the six stages have been completed and are presented in this report at this time.

Phase I was getting started and this was virtually done prior to the August Meeting, when a plan was developed and presented to you.

Phase II looking at current performance, has been an ongoing project of CDSPI since the new General Manager came on staff and has produced valuable results in many areas, the least of which has been to develop a framework under which a modern reporting administration system could be conceived.

Phase III of looking into the future, Phase IV of assessing the alternatives and Phase V of defining the selected strategy, was all accomplished by early December, and we are now at Phase VI, namely the stage whereby if this presentation is approved, the Master Plan, its components of statistics, design and technology can now come together to produce the start of a new administrative era for CDIP and CDSPI.

The original game plan as submitted has been followed exactly. It has produced what we feel is a factual report and overview of the many detailed areas which must be considered relating to administration.

It should be noted in this introduction, however, exactly what is being considered from an "in-house administration standpoint". It is conceived by most involved with CDSPI that bringing administration "in-house" brings everything "into" CDSPI. Only through investigating the current "administrative procedures" can this be stated as not being factual.

Current administration is actually a three phase triangle. All phases are joined but they are distinct and individualistic.

Side 1 relates to the paperwork, paper flow, recordkeeping, file maintenance, billing processing, and application processing;

Side 2 relates to the actual technical side of insurance, plan design, interpretation, and technical expertise required to deal with the insurers for the benefit of the plans and participants;

Side 3 relates to the development of proper promotional material, writing of copy, printing of brochures, and the general advertising of the plans in the area of communications.

Bringing administration "in-house" based on our concentrated review of this subject and keeping in mind the legal framework under which we must operate, involves only bringing into CDSPI one side of the triangle - the other two sides relate specifically to licensed technical consultants, and expertise on a high promotional packaging plateau relating to an advertising agency.

This scenario should be kept in mind when dealing with the subject of "in-house administration" in order to put in perspective the sections contained within this report.

This report has been set out in the manner indicated for a reason. Definite areas had to be considered by the Management Committee in order to produce this report. Each area is highlighted in its respective section. There had to be planning which would focus our investigations on the main considerations and we feel the sections highlight these considerations.

There are risks and advantages; there are savings, there are costs; there are intangibles; there is a lot at stake.

The greatest risk relates to a smooth changeover of the system. The participant must never know it has happened until well after it has taken place. This can take place with the time frame as suggested and the co-operation of the current Administrator. There are risks from a legal standpoint, which we feel have been appropriately met through our solicitors' report. There are risks relating to the financial liability that will be accepted which can only be met by the continued success of the plans in a time when the economy is lagging. The advantages may permit us to offset some of the risks. We will have control over our billing process, the contents of the invoice, the records of the participant. We will be better equipped technically to produce prompt and accurate management reports in order to make more prompt and well-informed decisions. We will be serving ourselves as our prime client. We will have full responsibility for the accuracy of mailing lists, the accuracy of mailings, the accuracy of records. They should be more up-to-date, more accessible; and by virtue of this we should be able to provide faster and better inquiry information and therefore a higher degree of technical competence made evident to the plan participants.

All of this cannot be accomplished under the current system.

There are savings and there are costs. The actual savings will not be known until at least the third year of the project and although costs are continually increasing, it is anticipated that the change in operation and approach will offset these costs with greater participation. What savings can be achieved, can be returned to the plans, through either premium stabilization, plan improvements, or new programs.

The costs initially are high. As with everything else, they will grow. These costs can only be offset if the plans benefit through the actual operations themselves, at which point the entire process becomes self-generating.

All of the above is outlined in the accompanying report. The details are there for your review and consideration.

What is not contained in this report are the intangibles to be considered. The approval of the entire concept by the CDA; the service that will be obtained from the current Administrator over the next 20 months; the fact that the plans must remain relatively stable as to content, as virtually no change can take place in the plans during the changeover; the effect from a human resource standpoint in relation to higher technology in the form of in-house computerization, possible change of office premises, continuity of staff in their performance; the degree of pressure and turmoil that can result over the first three years, from the standpoint of participants and staff.

All of the above must be kept in mind while this report is reviewed. A knowledgeable decision as to the best plan of action for the future of CDSPI, the programs, and their participants, is now on the table.

SECTION II

REPORT FROM SOLICITORS

TO: C.D.S.P.I. Board of Directors

FROM: C.D.S.P.I. Management Committee

DATE: December 24, 1981

RE: Report from Solicitors on In-House Administration

The attached report is the culmination of a complete review given by our solicitors to the legal problems encountered by considering bringing into the operations of CDSPI the administration, as defined.

Through the monthly communiques relating to the Management Committee Meetings, we have kept you informed of the previous report distributed in October.

As a result of that report and further meetings with the solicitors and discussions with the insurers, the attached is a final report for your consideration.

Mrs. Moore, from our solicitors' office, will be in attendance at the Directors' Meeting for this portion of the Administration Report, and can highlight any section of the report at that time, and will certainly welcome any questions and discussions in this area.

CAMPBELL, GODFREY & LEWTAS
MEMORANDUM

TO: THE MANAGEMENT COMMITTEE OF CDSPI

RE: ADMINISTRATION AND PROMOTION OF INSURANCE PLANS

At your request we have considered the problems involved in CDSPI assuming responsibility for the administrative services now performed by Reed Stenhouse Limited and Reed Stenhouse Associates Limited in connection with the insurance plans for which the Canadian Dental Association is the policyholder and which are subject to the current Administration Agreement (the "Plans"). We have also considered the problems involved in CDSPI continuing the promotional activities in which it currently engages with respect to the Plans.

The legislative framework in which CDSPI operates gives very little guidance as to how services performed in connection with the Plans by someone other than the insurer are to be paid for. Each of the provincial statutes relating to insurance and the licensing or registration of agents and brokers makes it an offence to carry on for compensation, commission or other thing of value the activities of an agent or broker without meeting the licensing or registration requirements of the applicable statute. Some statutes (such as Ontario's Insurance Act) further provide that it is an offence to act on behalf of an insurer in relation to any class of insurance without being licensed for that class. The prohibitions are primarily directed at preventing the solicitation of insurance contracts by unlicensed (and potentially unqualified) persons but tend to be worded quite broadly. For example the activities to be performed only by registered brokers as

set out in the Registered Insurance Brokers Act (Ontario) include the provision of risk management services, including claims assistance where required, and the provision of consulting or advisory services with respect to insurance. While a good deal of the work which CDSPI wishes to take on involves record keeping it is inevitable that some claims assistance and advisory services will be provided. In addition, it is very difficult to determine at what point promotional activities such as informational mailings become the "solicitation" of insurance contracts. Because of these difficulties and in order to give CDSPI some assurance that it would not be subject to prosecution under these offence provisions we obtained, in 1977, authorizations from the Superintendents of Insurance of all provinces except British Columbia confirming that without being licensed as an agent or broker, CDSPI could carry on the activities, which were specified at that time. As you know these authorizations were predicated on CDSPI receiving no more than five per cent of the gross premiums collected by it.

Once CDSPI begins receiving more than five per cent of the gross premiums, whether as a result of the expansion of its activities as proposed or by the operation of the Administration Agreement, it will no longer be able to rely on the Superintendents' authorizations. Without once again approaching the Superintendents we cannot therefore give you an unqualified assurance that CDSPI, in performing and engaging in the contemplated administrative services and promotional activities and in retaining portions of the premiums in excess of five per cent as compensation or reimbursement of expenses therefor, will not be in violation of the prohibitions contained in one or more of the applicable provincial statutes. However, since we understand CDSPI will wish to consider proceeding without such an unqualified assurance or new authorizations we are reviewing the

arguments which support the position that CDSPI is entitled to engage in the proposed activities and recommend the manner in which the new arrangements should be structured so as to avoid, so far as is possible, offending the spirit and intent of the licensing requirements of the applicable statutes.

There is some indication in the Rules governing Group Life and Sickness and Accident Insurance published by the Provincial Superintendents of Insurance that the administrative officials who are responsible for enforcing the licensing provisions of the provincial statutes contemplate that a policyholder or its agents or employees may receive some compensation or reimbursement of expenses for administrative services performed in connection with group insurance contracts. In 1970 section 10(1) of these Rules provided that:

"No insurer shall directly or indirectly pay compensation to the policyholder under a group contract for premium collection, administration or other services in excess of five per cent of the premiums collected from the lives insured."

In 1974 section 10 was amended to its present form which states:

"No insurer shall directly or indirectly pay or allow to the policyholder or to any agent or employee thereof under a group contract:

- (a) compensation for the solicitation or negotiation of insurance on the life of any person insured under the contract; or
- (b) reimbursement of expenses for the collection of premiums in excess of five per cent of the premiums collected from the lives insured."

The dropping of the reference to "administration or other services" suggests that the Superintendents contemplate payment of compensation in excess of the five per cent limit for these services. The rule governing Creditors' and Savings Group Insurance (section 8(b)) was dropped from the Rules in 1978 but it also made a distinction between the collection of premiums and other administrative activities. It stated that:

"The policyholder may be reimbursed for reasonable and actual expenses incurred in connection with the contract but the amount of reimbursement:

- (i) for the collection of premiums, shall not exceed five per cent of the premiums collected less five per cent of any premiums or portions thereof refunded; and
- (ii) for other administrative expenses, shall be related to the services provided and not be calculated as a percentage of or otherwise related to the premium for the insurance."

While there is no positive statement in the guidelines confirming that a person in CDSPI's position is entitled to be compensated for the activities it carries out in connection with the Plans the change in section 10 and the wording of former section 8(b) indicate that payment of such compensation may be permissible.

It is also arguable that a person who carries on the activities normally carried on by a licensed agent or registered broker and receives only reimbursement for his expenses does not carry on these activities "for compensation." Agents normally receive commissions based on the number of insurance contracts solicited and obviously would not be in business if they were merely reimbursed for their expenses. The fees paid to the Reed Stenhouse

companies include a profit factor whereas CDSPI, as a non-profit corporation, is presumably concerned only with covering its expenses. We have not however been able to find any reported cases or administrative guidelines confirming this interpretation of the statutory provisions and because of their broad wording it is not possible to predict whether this argument would give CDSPI the protection it desires.

Notwithstanding the problems in determining what activities CDSPI is entitled to engage in and what compensation it is entitled to receive for such activities it should be possible to structure CDSPI's proposed arrangements in a manner which, at the very least, establishes CDSPI's authority, as far as the parties directly affected are concerned, to provide the services which it now is or will subsequently be providing.

The various provincial statutes place on the insurer the primary responsibility for assuring that portions of the insurance premiums paid by insured individuals are not being retained by or paid to unauthorized persons. An insurer who directly or indirectly permits any person to receive compensation or anything of value for negotiating, soliciting or placing any contract of insurance without being duly licensed commits offences under the applicable statutes.

Clearly an insurer is entitled to include in the premium charged the amount required to cover the expenses of providing and promoting the insurance plan. It is reasonable to assume that an insurer is also permitted to hire others to perform certain functions (for example printing of documents and explanatory booklets) on its behalf and to pay for the services provided out of the premium dollars collected. Representatives of Imperial Life Assurance Company of Canada

have indicated that Imperial frequently enters into agreements with employers who are policyholders under group contracts pursuant to which the employer provides administrative and promotional services in connection with the group policy and is reimbursed for these services out of the policy's retention funds and that this is done both when the employer pays the entire premium and when the employees pay a portion thereof. Imperial has presumably satisfied itself that this type of arrangement does not put it at risk. We therefore suggest that CDA and CDSPI enter into similar arrangements with the insurance carriers of each of the Plans, assuming that the insurers other than Imperial are also satisfied with the arrangement under which the services to be performed by CDSPI are specifically enumerated and authorized by both the insurer and CDA and the fees to be paid to CDSPI are set out. We further suggest that these fees be matched to the services to be performed rather than being calculated as a percentage of premiums collected. A sample form of draft agreement is attached for your consideration. The agreement covers promotional activities as well as administrative services. As we have indicated earlier, it is virtually impossible to determine what constitutes permitted promotional activities as opposed to the solicitation of insurance contracts but provided that CDSPI only receives reimbursement of its expenses and acts under the control and supervision of the carrier it is difficult to see how the spirit of the legislation is being offended.

The possibility of complaints being made about CDSPI's activities will of course be substantially reduced if a high level of service is maintained. The fact that the changes have resulted in cost savings to the Plans would undoubtedly work in CDSPI's favour should a provincial official investigate CDSPI's activities. It is however important that CDSPI not expand its activities outside the areas

authorized by the carriers and CDA and its activities should be constantly monitored with this in mind.

We regret that we are unable to give you a more definitive delineation of what services and activities CDSPI is permitted to perform or engage in and what compensation it is entitled to receive therefor. We will however give you whatever assistance we can in structuring CDSPI's new arrangements if it decides to proceed with the proposed changes.

A.B. Moore
Campbell, Godfrey & Lewtas

ABM/cl
att.

THIS AGREEMENT made the day of , 19 .

AMONG:

**THE BOARD OF GOVERNORS OF THE CANADIAN DENTAL
ASSOCIATION**

(herein called "CDA")

- and

CANADIAN DENTAL SERVICE PLANS INC.

(herein called "CDSPI")

- and -

o

(herein called the "carrier")

WHEREAS:

A. CDSPI has been authorized by CDA to provide administrative services for certain insurance plans in respect of which CDA is the policyholder and o is the carrier; and

B. CDA, CDSPI and the carrier have agreed to enter into this agreement to set out the terms and conditions on which such administrative services are to be provided.

NOW THEREFORE THIS AGREEMENT WITNESSETH THAT in consideration of their covenants and agreements herein contained the parties covenant and agree as follows:

1. This agreement shall remain in force for so long as any of the following contracts of insurance (herein referred to as the "Plans") shall remain in force:

2. CDSPI shall provide the following services in relation to the Plans:

- a. collection of premiums;
- b. provision of information to eligible individuals;
- c. correspondence and communication with CDA in its capacity as the policyholder and with insured and eligible individuals;
and
- d. such general administrative services as may be reasonably requested from time to time by the carrier.

3. The parties acknowledge that nothing herein will prohibit either CDA or the carrier from dealing directly with insured or eligible individuals, or in the case of the carrier, with the policyholder, and CDSPI is hereby authorized by CDA and the carrier to engage others where necessary or desirable to perform, under its supervision, services which CDSPI is authorized hereby to provide.

4. The carrier hereby authorizes CDSPI to prepare and distribute, on its behalf, information and materials in relation to the Plans and agrees to reimburse it for any costs incurred in preparing and printing such information and materials. Such information and materials shall at all times be subject to the review and approval of the carrier.

5. The carrier shall reimburse CDSPI for its reasonable expenses incurred in providing the services described in sections 2 and 4 hereof, provided that except as may be agreed between CDSPI and the carrier with notice to CDA, such expenses shall not exceed the amounts set out in Schedule A to this agreement. CDSPI is hereby authorized to retain from the premiums collected by it in connection with the Plans quarterly advances each in the amount of 25% of the total of the percentage amounts set out in Schedule A. The parties acknowledge that such amount to be retained represents a reasonable estimate of CDSPI's anticipated expenses for services provided in connection with the Plans.

6. The amount of the quarterly advances may be changed from time to time by agreement between CDSPI and the carrier with notice to CDA. An adjustment shall be made at the end of each calendar year to reflect the expenses actually incurred by CDSPI during that year and within 15 days of the end of each year CDSPI shall pay to the carrier any excess of the aggregate amount of the quarterly advances retained by it in such year over the sum of (i) the actual expenses incurred by it in the year in providing the services described in paragraphs b, c and d of section 2 hereof and section 4 hereof; and (ii) the five percent (5%) of the gross premiums payable to it for the services described in paragraph a of section 2 hereof.

7. CDSPI shall not at any time act in any manner in soliciting or procuring the making of any contract of insurance or make any admission of liability on behalf of the carrier in relation to any claims.

8. This agreement shall be governed by the laws of the Province of Ontario and the laws of Canada applicable therein.

IN WITNESS WHEREOF the parties hereto have executed this agreement under the hands of their duly authorized officers.

THE BOARD OF GOVERNORS OF
THE CANADIAN DENTAL
ASSOCIATION

By: _____

CANADIAN DENTAL SERVICE
PLANS INC.

By: _____

By: _____

Schedule A

Amount payable for collection of premiums	-	5% of gross premiums.
Amount to be retained (subject to adjustment as provided herein) by CDSPI for all other services provided	-	0 % of gross premiums.

SECTION III

TECHNICAL OVERVIEW

TO: C.D.S.P.I. Board of Directors
FROM: C.D.S.P.I. Management Committee

DATE: December 24, 1981

RE: Technical Overview

All of us have some varying degree of knowledge relating to data processing, computers, computerization or whatever term you use to relate to "electronic data processing".

This varying degrees of knowledge, in most cases, does not border on the area of expertise and in most cases such as with the Management Committee, is more in the area of general knowledge.

The Management Committee felt that in order to be able to reasonably understand computerization as it related to administration of CDIP, within the CDSPI organization, it should obtain further knowledge of the process, and fine tune some of the general information areas of which it is already aware.

In order to achieve this, a seminar was given by the General Manager to the C.D.S.P.I. Management Committee which enabled, in some areas, for us to see for the first time the complexities, but more importantly the specific requirements that are needed in order to operate a proper system and meet the needs of CDSPI in the future.

This presentation outlined the type of systems that are available and their configurations, highlighted some of the basic and commonly used terms relating to computerization and illustrated the application and use of a "data base management system" which illustrated to us exactly how the procedure worked and explained some of the current problems, while justifying the required time frame.

The Management Committee proposes that at this point in their report at the C.D.S.P.I. Directors' Meeting, a similar presentation will be given to the Board in order to assist in evaluating the system recommendation, the proposed time frame and the complexities that are involved. It is felt that the time spent in this area will be well worthwhile because of the importance of the decisions to be made by the Board on this subject.

SECTION IV

SYSTEM RECOMMENDATION

EVALUATION
OF PROPOSALS FOR COMPUTER SYSTEMS
for
CANADIAN DENTAL SERVICE PLANS INC.

EVALUATION OF PROPOSALS FOR COMPUTER SYSTEMS FOR
CANADIAN DENTAL SERVICE PLANS INC.

For purposes of comparison two configurations were specified. The first as close as possible to the initial requirements of CDSPI. The second configuration was expanded to accommodate ten terminals or workstations. This was done to show future costs as the usage of the system increases. Increases in cost for additional terminals and related hardware are seldom linear or in line with the original system price. Some systems have entry level configurations which are priced competitively but expansions added at a later date are priced high after the purchaser is committed to the vendors system and programs.

The benchmark system was specified as follows:

- Five terminals or workstations
- Twenty-five to thirty million characters of disk storage
- An industry compatible magnetic tape drive
- A 300 lines per minute printer

The second system was identical except for the five extra terminals with required memory and other devices to operate efficiently.

The hardware and prices are summarized in Appendix I. Software and other useful features are shown in Appendix II.

Following is an explanation of the terms used in the tables:

Terminals:

All terminals specified use a standard typewriter keyboard layout augmented by a numeric keypad to ease entry of large volumes of numeric information. In all cases the display is on a cathode ray tube with a 12-inch diameter and a capacity of 24 lines of 80 characters each.

Disk Storage:

The disk or disks is where the computer stores all its data and files. The capacity required is dependent upon the volume of data to be retained by the particular application. The sizes specified for this study are only an estimate which may be altered after a more detailed volume and system analysis has been done. If the system allows variable length fields the space requirements may be significantly reduced. See 'Variable length data storage' under FEATURES. Disk capacities are expressed in MB or megabytes. One megabyte is one million computer characters.

Magnetic tape drive:

An industry compatible tape drive has been specified because it allows easy copying of data files on a media which is widely available and economical to use. A 2,400 ft. reel of tape with a capacity of about forty million characters cost approximately thirty-five dollars, whereas a removable disk with a capacity of between ten and twenty million characters may cost between two hundred and one thousand dollars. Aside from its use as an economical back-up media tape serves as a means to transport data between computers of different makes for processing by, or for other parties. Tape drives may accommodate 1200 or 2400 foot reels. Tape may be written in either of two densities, 800 or 1600 bpi or "bits-per-inch".

Printer:

The printer is essential to produce hardcopy reports, statements, labels, cheques, etc. The 300 lines per minute, is an estimate of the required speed. A more detailed system study may reveal that a slower, and thus cheaper, printer may be adequate.

Memory:

The computers memory capacity is a measure of its ability to handle several jobs simultaneously without affecting the response time. The requirements, however, vary greatly between computers and as such, each machine show in Appendix I has been configured to operate five or ten terminals with adequate speed. Exact memory sizes are not shown as they are irrelevant..

Appendix II:

The six systems for which proposals have been received are shown in order of purchase price. All prices are including duties and federal sales tax. Provincial sales tax is not included. Significant changes in the U.S./Canadian exchange rate may affect the final price. Indicated is also if the software is included or is an extra cost item. Most computers have a certain amount of software included but certain language processors or query packages have an additional charge.

APPENDIX I

Computers are shown in order of increasing cost.

COMPUTER COMPANY & MODEL NUMBER	DISK CAPACITY	TAPE bpi Reel size	PRINTER SPEED	PURCHASE PRICE	MONTHLY MAINT.	5 MORE TERMINALS	EXPANDED SYSTEM \$	MONTHLY MAINT.
Microdata Reality Series 4000 Software INCLUDED Software updates FREE	30 MB Fixed	800 2400 ft	300 lpm	\$78,500	\$534	\$18,700	\$97,200	\$744
MAI Basic Four System 210 Software INCLUDED Software updates FREE	28 MB Fixed	800/1600 2400 ft	300 lpm	\$92,480	\$529	\$26,100	\$118,580	\$689
Data General Eclipse C/150 Software \$20,930	25 MB Fixed	1600 1200 ft	300 lpm	\$105,516	\$752	\$25,372	\$130,888	\$889
Software \$20,930 Software updates Free for one year \$2,150 after.								
WANG Canada 2200MVP Software INCLUDED. movable.	26 MB 13 MB Re-	1600	250	\$106,525	\$971	\$29,525	\$136,050	\$1,198
Screen formatter and retrieval language \$1,500.								
Digital Equipment DEC Datasystem 522 Software \$8,855	30 MB Removable	800 2400 ft	285	\$111,745	\$829	\$20,990	\$132,735	\$1,083
Software updates N/A								
HEWLETT-PACKARD System 40 SX Software \$5,738	27 MB Fixed	N/A Cartridge	400	\$127,280	\$759	\$28,447	\$155,727	\$931
Software updates \$475 per year.								

FEATURES

Hardware capacity and price are only two measures to compare computer values. Many other factors should be considered when selecting a system. Software, the programs that are supplied by the vendor to assist the applications programmer in his job, may be difficult to use and will increase the ultimate cost of the total system. Features which allow the machine to be operated by non-computer people will also reduce the need for expensive skilled labour.

Appendix II shows the availability of special features by make and model. Their meaning and significance is explained below.

Battery Back-Up:

When the power is interrupted for even a brief period the computer loses the contents of its memory and halts. It may only be restarted by restoring the file from the last back-up point and re-entering of the work from this point. To prevent this from happening some manufacturers have provided battery back-up. This does not allow the computer to keep operating during a power failure but does allow resumption of the work as soon as power has been restored. Most systems have only a one minute battery back-up period. This, of course, provides only a safeguard against brief power interruptions.

Data Base Management System:

This is a method of storing data in the computer in such a manner that it may be retrieved by name without the need to know exactly where it has been stored. It also reduces data "redundancy" for less space overhead and consistent information. The programming effort using a data base is usually greatly reduced.

Data Dictionary:

This is usually but not always part of the Data Base Management System. It allows the user to refer to files and data elements by any name he or she chooses. Synonyms allow for more than one name for the same item. Some dictionaries allow the definition of "derived" items like "CURRENT.BALANCE = OPENING.BALANCE + PURCHASES - PAYMENTS".

Query language:

A query language allows a non-programmer, after a brief training period, to produce reports and listings on an ad hoc basis without the need of a program. It is a most powerful management tool. It is not always as efficient to run as a program and is therefore seldom used for frequent and large computer runs.

Variable length data storage:

In a typical computer system, data is stored in a fixed length format. A numeric field, for example, that may have to accommodate a maximum value of 1,000,000 will take up nine positions even if the number stored is small or even zero.

In a computer which allows variable length data storage the value twenty-nine would be stored as 29; in a fixed length machine this would be 0000029. The difference with alphabetic data is even more significant. The savings in file space usage may be substantial. Only two computers on the list have a variable length feature. The Data General system reduces four or more of the same characters to three characters. The Microdata operates in variable length mode throughout with a single position delimiter character to separate fields.

Screen Formatter:

This is a utility program which greatly enhances the ability of the programmer to produce interactive screen programs.

Some are available as extra cost options but all pay for themselves in saved programming time.

Automatic File space allocation:

Some systems require a great deal of operator or programmer involvement to allocate or extend data files. When this is done on an automatic basis less cost and time is incurred reprogramming and maintaining the system.

Unattended Back-up:

This feature allows the operator to initiate a back-up procedure or production run at some date and time in the future. This allows the operator to schedule jobs or back-up after regular working hours without the need for overtime.

Appendix II Features.

	Data General	Digital Equipment	Hewlett-Packard	MAI Basic Four	Microdata	WANG Canada
Battery Backup	1 min.	10 mins.	1 min.	3 hrs	4 hrs.	N/A
Data Base Management Sytem	Yes	No	Yes	No	Yes	No
Data Dictionary	No	No	Yes	No	Yes	No
Query Language	Yes	Opt.	Yes	No	Yes	Opt
Variable Length Fields	Yes	No	No	No	Yes	No
Screen Formatter	Yes	Yes	Yes	Yes	Yes	Opt
Automatic File allocation	Yes	No	Yes	Yes	Yes	No
Unattended Backup	No	Yes	No	No	Yes	No

In the \$25,000 to \$50,000 Range

Flexibility Proves Key to Microdata Reality 4000

By Hillel Segal
Special to CW

A highly efficient data base management system, the Microdata Corp. Reality System 4000 combines micro-coded operating system firmware, virtual memory and an easy-to-use data retrieval language to provide a flexible multiuser system.

The Series 4000 is the first virtual memory system tested in this series of reports, and the results are impressive.

The operating system offers features and capabilities usually found on larger, more expensive systems. High reliability and ease of backing up large amounts of disk storage using the tape drive were seen as definite pluses. In addition, users surveyed rated the service received from Microdata very high.

The Series 4000 is the seventh system in the \$25,000 to \$50,000 range that the Association of Computer Users (ACU) has reported on for *Computerworld*. ACU's independent consultants used a Microdata Reality Model R4510 consisting of a Model 1600 CPU with 64K bytes of central memory, a nine-track tape drive, a 30M-byte reflex hard disk drive, a 150 LPH printer and a Prism video display terminal.

The price of this system including seven additional parts (but without the additional terminals) and the system software is \$50,495. Additional terminals are available at prices ranging from \$2,500 (for one) to \$1,900 each (in quantities of four or more).

As can be seen in the Scorebox, the Series 4000 order entry times were very impressive, ranging from 20% to 400% faster than other machines tested thus far.

However, the same cannot be said of the CPU-intensive tests. These times — some of the slowest of all systems thus far reported — reflect the data base orientation of the system.

The results show that the machine was designed to optimize performance for interactive data entry and retrieval, but is not intended for "number crunching" applications.

The Series 4000 operating system employs virtual memory and reads in sections (or frames) of files from the disk. These sections are then op-

SCOREBOX

System: Microdata 4000

Current Price: \$42,700 with one terminal

\$56,000 with eight terminals

OTHER BENCHMARK RESULTS Test E-4

CPU-Intensive	Order Entry
239.7 sec	3.4 sec
Time	Time
16.4 Sec	4.6 Sec
Wang 2200MVP	
IBM Series/1	
TI DS990 Model 4	135.2 sec.
Hewlett-Packard 250	4.3 sec.
DEC Datasystem 355	84.1 sec.
Alpha Micro AM-100T	16.1 sec.
	To be covered in future issues

- * Programs could not be run properly due to a loss of characters in the order-entry processing.
- For programs run in Cobol, the respective times for Pascal are 68.1 sec. and 3.9 sec.
- The B-terminal test could not be run, as a maximum of 5 terminals can be connected. With 4 terminals, times were 47.8 seconds for the CPU test, and 2.3 seconds for the Order Entry test.

erated on or executed. With this technique, user program size is not limited by available main memory, but can be written as if the memory were "virtually" unlimited.

Although a virtual machine makes efficient use of all available memory,

page faults increases, the system must spend more and more time waiting for the disk I/O to complete.

The very fast order entry times obtained for this report are due in part to the fact that our application was not experiencing any page faults.

This is the 36th in a series of articles giving the highlights of benchmark tests conducted on popular small computer systems. The full reports were originally published by the Association of Computer Users, a 4,000-member nonprofit organization.

a good deal of operating system overhead is required. When a program addresses a word that is not in the central memory, a page fault results. The system must then wait for the disk to read in the addressed word before continuing. As the number of

The program, which was shared by all terminals, was probably resident in memory for the entire test. Many users that we talked to were not operating in a fault-free environment and reported a notable slowdown in system speed as the number of page faults increased.

The virtual memory technique employed divides each program or data file into 512M-byte frames. One frame at a time may then be read into main memory and executed. When a location not presently in the main memory is addressed, the system reads a new frame into the memory and resumes program execution.

The files are organized so that files at one level point to multiple files at a lower level. This hierarchical file structure took a little getting used to, but was easy to understand with use.

The Series 4000 package includes a wide variety of data base management software, utility programs and an assembly language. The Terminal Control Language (TCL) provides the primary interface between the user and the system. The various utility processors and programs are in-

mands called verbs

The languages supplied with the Series 4000 include a data retrieval/report generator called English and an enhanced version of the standard Dartmouth Basic called Data/Basic.

The compiled Data/Basic combines some of Basic's best features (variable length string variables, multiple statements on a line and so on) with those of Fortran (external subroutine calls, Common variable storage and so on). Data/Basic should be a fun language to program.

One feature highly rated by users was the English data retrieval language. This query language, with its "English-like" syntax (with nouns, verbs and modifiers) can be easily learned by the noncomputer-oriented business manager.

With English, the manager can query the data base in a variety of ways using searches, sorts and so on for any number of fields. Typical user comments included the following: "English is wonderful. I can train users in 10 minutes. It's what makes this computer." Most users felt that English more than made up for any program with system speed.

Proc Processor

Another excellent feature is the Proc processor. By using Proc, a complex series of operations can be stored and invoked later by entering a single-word command. With features like argument passing, terminal prompting and branching, Proc provides a powerful (though somewhat complex) tool for the user. More simplification would greatly enhance Proc.

The tape drive unit provides the user with an easy, efficient method of backing up disk storage. The hard disk/tape drive combination was very popular with users.

One feature we liked was the ability to get information from the backup procedure, which analyzes the disk file allocations and reports inefficiencies. At the user's option, these files can be reallocated. Users especially liked the tape drive for its ease of use when backing up the disk.

Booting the Series 4000 is a simple procedure. The 4000 "senses" the available hardware and reports this information to the user. Thus, the system automatically does the system generation whenever a restore or boot-up is done. Whenever a power-up or "cold boot" is done, the system rearranges the files to "clear up" wasted empty file space.

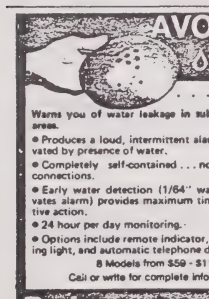
Microdata offers a wide variety of options for the 4000. The Series 6000 upgrade kit provides 256K bytes of memory and 514M bytes of disk. The Series 8000 upgrade kit increases memory to 512K bytes with 514M bytes of disk and 48 ports.

Hillel Segal is president of the Association of Computer Users, a nonprofit association with members in the U.S., Canada and several other foreign countries. A package of information about the Association of Computer Users is available from the group at P.O. Box 9003, Boulder

AVOID DOWNTIME!

WATER ALERT

... FOR COMPUTER AREAS



Warns you of water leakage in sub-floor wiring areas.

- Produces a loud, intermittent alarm when activated by presence of water.
- Completely self-contained... no wiring, no connections.
- Early water detection (1/64" water film activates alarm) provides maximum time for corrective action.
- 24 hour per day monitoring.
- Options include remote indicator, remote flashing light, and automatic telephone dialer.

8 Models from \$59 - \$110

Call or write for complete information.

Small Business Systems Surveyed

Microdata Reality Gets Top User Rating

Microdata Corp.'s Reality, Basic/Four Corp.'s Model 400 and the IBM System/3 models 6, 10 and 15 reaped the highest marks in Management Information Corp.'s (MIC) fourth annual small business systems users survey.

To assess how well small business systems are meeting users' needs, MIC polled 568 companies that use 689 small business CPU's.

Each respondent was asked to subjectively rate the vendors and their products on performance (whether stated equipment specifications have been realized), reliability (uptime vs. downtime), ease of use (amount of time necessary to train new personnel), service (maintenance) and vendor support (such as advance training and program assistance).

A four-point rating scheme was used (1 = poor, 2 = fair, 3 = good, 4 = excellent). The survey results were given as averages of the ratings assigned to each product in each of the five categories.

The Microdata Reality, Basic/Four 400 and System/3 Model 10 and Model 15 were the only small business systems to receive ratings of 3.0 or higher in all five categories.

Taking the average of all five categories, the Microdata Reality topped the field with

a score of 3.66 (based on 27 respondents using 55 units). The Reality earned 3.8 in performance, 3.8 in reliability, 4.0 in ease of use, 3.4 in service and 3.3 in support.

Based on nine respondents with nine units, the average for the IBM System/3 Model 15 was 3.6. This system was rated 3.6, 3.8, 3.6, 3.7 and 3.3 in performance, reliability, ease of use, service and support, respectively.

Eight users with 17 Basic/Four 400's gave that system an overall rating of 3.5. In performance, reliability, ease of use, service and support, the system was rated 3.5, 3.4, 3.8, 3.4 and 3.4.

Following this order, the IBM System/3 Model 10 was

rated 3.3, 3.5, 3.3, 3.3, and 3.3, respectively, by 34 users with 45 units. The System/3 Model 6 received 3.4, 3.7, 3.7 and 3.1 ratings in performance, reliability, service and support, respectively, by eight users with eight units.

Copyright © 1979,
CW Communications/Inc.,
Newton, MASS 02160

In Case You Missed It, OUR COMPETITORS JUST CAME FACE TO FACE WITH REALITY.®

A recent MIC survey published in Computerworld asked small business computer system users to evaluate their equipment.

The result: our competitors lost. They lost in performance. They lost in ease of use. They lost in overall user satisfaction.

If you don't want to make the same mistake our competitors' users made, face Reality. Call your nearest authorized Microdata representative.

Microdata Corporation

Direct Sales Offices:

Atlanta 404/266-8900
Chicago 312/920-9100
Cleveland 216/234-7318
Los Angeles 714/540-6730
Miami 305/592-0770
New Jersey 201/964-6700
New York 212/695-6509
San Francisco 415/697-0430
St. Louis 314/434-9330

Authorized

Microdata Dealers:

Anchorage 907/276-2431
Burnaby 604/438-7361
Boise 208/345-3560
Boston 617/273-2920
Dallas 214/243-6350
Denver 303/773-1510
Detroit 313/358-1950
Edmonton 403/468-2555
El Paso 915/772-8126
Fayetteville 501/755-0970
Houston 713/440-6111
Honolulu 808/521-8011
Indianapolis 317/257-1426
Kansas City 816/483-6900

Los Angeles 213/685-8910

Memphis 901/346-0088

Monroe 318/325-9618

Montreal 416/862-0125

Nashville 615/373-3636

Oakland 415/547-5555

Philadelphia 609/779-1901

Portland 503/245-7714

Puerto Rico 809/844-3020

Raleigh 919/782-6020

Salt Lake City 801/531-1122

Seattle 206/641-4990

Spokane 509/624-1308

Toronto 416/862-0125

Washington, DC 703/549-4300

Reality by Microdata

Small Business Systems Surveyed Microdata Reality Gets Top User Rating

By Brad Schultz
CW Staff

CHERRY HILL, N.J. — Microdata Corp.'s Reality, Basic/Four Corp.'s Model 400 and the IBM System/3 models 6, 10 and 15 reaped the highest marks in Management Information Corp.'s (MIC) fourth annual small business systems users survey.

To assess how well small business systems are meeting users' needs, MIC polled 568 companies that use 689 small business CPUs as well as 1,145 peripheral devices and the products of 124 software suppliers.

Each respondent was asked to subjectively rate the vendors and their products on performance (whether stated equipment specifications have been realized), reliability (uptime vs. downtime), ease of use (amount of time necessary to train new personnel), service (maintenance) and vendor support (such as advance training and program assistance).

A four-point rating scheme was used (1 = poor, 2 = fair, 3 = good, 4 = excellent). The survey results were given as averages of the ratings assigned to each product in each of the five categories.

However, no averages were taken in cases where fewer than three responses were received, and no product was deemed eligible for the MIC honor roll unless five or more of its users answered the survey, according to MIC President Larry Feidelman.

The Microdata Reality, Basic/Four 400 and System/3 Model 10 and Model 15 were the only

small business systems to receive ratings of 3.0 or higher in all five categories. The System/3 Model 6 received ratings in this range in four categories; "ease of use" was not counted because of insufficient response.

Taking the average of all five categories, the Microdata Reality topped the field with a score of 3.66 (based on 27 respondents using 55 units). The Reality earned 3.8 in performance, 3.8 in reliability, 4.0 in ease of use, 3.4 in service and 3.3 in support.

Based on nine respondents with nine units, the average for the IBM System/3 Model 15 was 3.6.

This system was rated 3.6, 3.8, 3.6, 3.7 and 3.3 in performance, reliability, ease of use, service and support, respectively.

Eight users with 17 Basic/Four 400s gave that system an overall rating of 3.5. In performance, reliability, ease of use, service and support, the system was rated 3.5, 3.4, 3.8, 3.4 and 3.4.

Following this order, the IBM System/3 Model 10 was rated 3.3, 3.5, 3.3, 3.3 and 3.3, respectively, by 34 users with 45 units. The System/3 Model 6 received 3.4, 3.7, 3.7 and 3.1 ratings in performance, reliability, service and support, respectively, by

SMALL BUSINESS COMPUTERS

Basic/Four Model 400
IBM System/3 Model 6
IBM System/3 Model 10

IBM System/3 Model 15
IBM System/32
Microdata Reality

PERIPHERALS

Adds Terminal
Burroughs Disk
Decision Data Keypunch
DEC LA36 Printer
DEC LA180
HP Magnetic Tape Drive
IBM 1403 Printer
IBM 1442 Card Punch
IBM 3740 Data Entry System
IBM 5203 Printer

IBM 5424 Card Punch
IBM 5440 Magnetic Disk
IBM 5444 Diskette Drive
Memorex Disks
Microdata CRT
Microdata Tape
Printronic
Qantel CRT
Wang Disk
Wang Printer

SOFTWARE

Systems Management, Inc.

Only three brands of small business systems qualified for top honors in MIC's annual user survey. IBM dominated peripherals, while only one vendor reaped software laurels.

reprint from computerworld 

R624

February 26, 1979 Page 55

eight users with eight units.

Peripherals Rated

Twenty brands of small business system peripheral devices were each rated 3.0 or higher in all categories in which three or more users responded. These included seven IBM products as well as two each from Digital Equipment Corp., Microdata Corp. and Wang Laboratories, Inc.

Among disk storage devices in this top 20, Wang's disk for small business systems received perfect scores in performance and reliability, a 3.3 in ease of use, 3.6 in service and 3.4 in support from five users with six units.

IBM's Model 5444 diskette drive was rated 3.4, 3.6, 3.5 and 3.4 in performance, reliability, service and support, respectively, by 10 users with 16 units. The IBM 5440 magnetic disk was rated 3.5, 3.5, 3.3 and 3.5 by six users with

13 units.

Memorex, Inc.'s small business system disks earned 3.5, 3.5, 3.5, 3.4 and 3.3 averages in performance, reliability, ease of use, service and support, respectively. Burroughs Corp. disks scored 3.4, 3.4, 3.5, 3.2, 3.1.

Only one software vendor made the MIC honor roll. Seven users rated Systems Management, Inc. 3.6, 3.6, 3.7, 3.2 and 3.3.

'Users Fairly Pleased'

According to MIC, the survey showed that "users are fairly pleased with their equipment." About 45% of the users anticipate no change in their DP equipment, while 21% expect change within one year and 34% anticipate change within three years.

However, as in previous MIC surveys, service and vendor support got the lowest ratings. Moreover, software

ratings were low with only one exemplary vendor out of 124.

"The computer marketplace now includes many unsophisticated small businesses with minimal data processing background," the survey noted. "Most of the newer users are very small businesses with fewer than 10 employees.

"Users mainly want their systems to perform basic accounting functions including general ledger, accounts payable, accounts receivable, billing, payroll and inventory," it said.

Overall, the top four preferred computer vendors from the small business system standpoint were said to be IBM, DEC, Data General Corp. and Hewlett-Packard Co.

Copies of the survey results are available for \$7.50 from MIC at 140 Barclay Center, Cherry Hill, N.J. 08034. Outside the U.S., the report costs \$10.

SECTION V

PROJECTED COST ANALYSIS

TO: C.D.S.P.I. Board of Directors
FROM: C.D.S.P.I. Management Committee

DATE: November 19, 1981

RE: Preliminary In-House Administration Cost Projections

The attached summary and related schedules, are the initial working papers relating to projected costs of bringing the administration in-house.

A number of assumptions and considerations were made in compiling these figures:

1. The computer/data processing facilities would be capitalized and written off over 5 years for the hardware and 3 years for the software.
2. Additional equipment required to expand office facilities have been capitalized to be written off at 10% per year.
3. Because of the space required to house the data processing facilities, 6 new staff, an enlarged storage area, and a file room facility for participants' files (30), current office space is inadequate and new premises would have to be obtained. The space would need to be approximately double what is now occupied - rent would therefore be approximately double what is now encountered because current rental rates on a new lease would be higher than we are now paying.

Costs of remodelling, decorating and set-up of the new facilities have been capitalized and amortized over 10 years (5-year lease and 5-year renewal option).

4. Hardware is based on prices obtained on eight potential systems - selecting the system best suited for our requirements.
5. Software costs are projections based on current administration applications with some streamlining and assumes "base-line programming" (no packages) as such is more suited to our specialized needs.
6. No costs have been included for an outside consultant to review the entire proposal if such was the wish of the Directors.
7. Staff requirements costs assume certain realignment of duties for current staff and the promotion of two or three individuals as to their areas of responsibility.

8. The Consultant's cost is an estimate based on a per project requirement and assuming the individual(s) would not be on the staff of CDSPI.
9. The costs for the advertising agency and specifically for the design, art work and image creation of brochures, ads and presentation folders relating to all areas of promotion.

The summary sheet shows an estimated financial gain of \$121,100 based on these assumptions and considerations. The costs have been estimated high, the currently paid administration fees have been estimated low. Therefore, the \$121,100 would be the minimum gain and in all probability could be an initial \$150,000.

The figures do not reflect two things:

1. The potential growth of the plans, increased premiums (if any) and therefore increased revenues - based on a new, different and more selected analytical approach to our promotion and penetration.
 2. The added efficiency and high level of service that can be obtained (once the system is operating smoothly) which is not the case under current procedures.
- e.g. (a) more accurate files and records
- (b) easier access to information and files to answer inquiries immediately rather than involving a third party with resulting delays.
 - (c) dedicated service to one client - ourselves - therefore, better meeting of deadlines
 - (d) elimination of mailing difficulties - more personal attention to this area when we are doing it ourselves
 - (e) only one office, one name, and one organization for participants to deal with - less confusion, standardization of letterheads, forms, procedures and image can be accomplished. We can start to appear united, efficient, professional.
 - (f) More rapid response in the confirmation gathering and decision-making process - it is in-house; no third party delay or involvement unless the independent consultant is contacted.

IN-HOUSE ADMINISTRATION

ESTIMATED PROJECTED COSTS SUMMARY

AT NOVEMBER 15, 1981

	<u>Annual Cost</u>	<u>Total First Year Cash Outlay</u>
Capital Expenditures - Schedule A	Included in Schedule B	\$ 184,400
Non-Capital increased costs - Schedule B	\$ <u>313,700</u>	<u>313,700</u>
<u>Total</u>	313,700	\$ <u><u>498,100</u></u>
Current Projected Fees paid to Administrator for all areas of administration in 1981 (1980 was \$421,170)	<u>434,800</u>	
Net Projected/Estimated Gain re In-House over current administration systems	\$ <u><u>121,100</u></u>	

SCHEDULE A

CAPITAL EXPENDITURES RE: IN-HOUSE ADMINISTRATION

DATA PROCESSING - Hardware

Central Processing Unit (CPU)	
64K, 50MB Disk and Tape Drive	
Terminals - 2 input/1 Supervisor/1 General Enquiry	
- 1 Mgmt. Rpts.	
Printer - 165 Character Printer 300 LPM	\$ 84,000

EQUIPMENT - General

Mag Tape Storage Cabinet	\$ 3,000	
4 Disks with returns at \$1,100	4,400	
2 Computer Data Entry Stations at \$900	1,800	
30 Letter Size File Cabinets - 4-drawer at \$200	6,000	
Humidifier	250	
Anti Static Mats	500	
Air Conditioner Unit (installed)	1,200	
6 Steno Chairs at \$125	750	
Sundry	<u>2,500</u>	\$ 20,400

LEASEHOLD IMPROVEMENTS

1 Computer Room - soundproof -digital locks		
non-carpeted - in non-window location -		
special electrical work	\$ 5,000	
New office facilities including 5 medium-sized		
offices, 1 large-size office, Boardroom,		
Lunchroom area for 19 staff, general office		
area, reception area, storage space, walls		
and decorating	<u>25,000</u>	\$ 30,000

DATA PROCESSING - Software

Programs - System design and set-up for:

- 1. Insurance (CDIP)
- 2. OHIP
- 3. Extended Health
- 4. RRSP
- 5. Labels/Mailing
- 6. Accounting/General Ledger
- 7. Statistics
- 8. Management Reports

Set as an on-line data base system - no claims
requirements included in initial set-up

\$ 50,000

TOTAL CAPITAL EXPENDITURES:

\$ 184,400

SCHEDULE B

NON-CAPITAL ANNUAL EXPENDITURES RE: IN-HOUSE ADMINISTRATION

STAFF:

1 Accounts/DP Co-ordinator	\$ 18,000	
3 Insurance Clerks at \$14,000	42,000	
2 Data Entry Clerks at \$12,000	<u>24,000</u>	
	84,000	
Plus Benefits at 15%	<u>12,600</u>	\$ 96,600

CAPITAL EQUIPMENT CHARGE:

Data Processing Hardware Depreciation over 5 years	\$ 16,800	
Data Processing Software Depreciation over 3 years	16,660	
Additional Equipment Depreciation at 10% per year	<u>2,040</u>	\$ 35,500
Leasehold Improvements - over term of Lease 5 + 5		\$ 3,000

MAINTENANCE COSTS:

Hardware - CPU and Terminals \$900 per month	\$ 10,800	
Office Cleaning and Maintenance \$100 per month	<u>1,200</u>	\$ 12,000

OFFICES:

Additional Rent - Current 3,232 Sq. Ft. (Double to 6,500 at \$15 x $\frac{1}{2}$)	\$ 48,000	
Additional Hydro re Computer and Space	<u>2,000</u>	\$ 50,000

TELEPHONE:

Equipment 6 sets at \$50 per set x 12		\$ 3,600
---------------------------------------	--	----------

DATA PROCESSING SUPPLIES:

Computer Paper - 1 copy - 8½ x 11)		
- 1 copy - 11 x 15)		
- 2 copy - 8½ x 11)	\$ 3,000	
- 2 copy - 11 x 15)		
Invoices	10,000	
Window Envelopes (for billings)	5,000	
Regular No. 10 Envelopes	1,000	
Letter Size Envelopes	1,500	
Mag Tapes for Back-up (25)	1,000	
Clean Stik Labels	1,500	
Printer Ribbons	<u>1,000</u>	\$ 24,000

GENERAL OFFICE SUPPLIES:

Re 6 new staff for set-up and daily supplies	\$ 600
--	--------

POSTAGE:

Billings - 1 billing 11,000 at 30¢	\$ 3,300	
- 3 billings 5,000 at 30¢	4,500	
- Interim Billings 2,000 at 30¢	<u>600</u>	\$ 8,400

OUTSIDE SERVICES:

Insurance Consultant/Actuary	\$50,000	
Advertising Agency re Promotion/Writing	30,000	
Mailing House re stuffing/addressing, etc. re billings (excluding postage)	<u>5,000</u>	\$ 85,000

ITEMS RECOVERED:

Connect Time to RSA Computer	\$ (4,000)
One-half Courier costs to/from Reed Stenhouse	<u>(1,000)</u>

<u>ESTIMATED TOTAL ANNUAL INCREASED COST</u>	<u>\$ 313,700</u>
--	-------------------

NOTES:

1. First year costs re moving of \$5,000 and legal costs to set up in-house operations of \$4,000 is not included in above.
2. Based on using CDSPI as the corporate structure, no subsidiary company set-up requirement and no loss of non-profit status.
3. The above costs do not take into account any charges being made for the time of current CDSPI employees who would undoubtedly, because of their involvement in realignment of additional areas of responsibility, justifiably have portions of their costs charged to the in-house administration project.

SECTION VI

PROPOSED TIME FRAME

IN-HOUSE ADMINISTRATION TIME FRAME

<u>DATE</u>	<u>ACTIVITY</u>
<u>January 22, 1982</u>	- Solicitors report to Directors re legal implications - Presentation by General Manager regarding the current system's functions and capabilities vs. requirements of CDSPI - System alternatives and recommendations - Cost Projections Report - Time Frame Schedule - Decision by Directors as to implementation of these reports
<u>IF THE DECISION IS TO THE AFFIRMATIVE ON THESE RECOMMENDATIONS</u> <u>WE THEN PROCEED AS FOLLOWS:</u>	
<u>February - May - 1982</u>	- Presentation of recommendations from the Board of Directors to CDA Executive & Board - Order hardware - Commence software specifications - Begin legal documentation regarding realignment of CDSPI and in-house administration as indicated in report from solicitors - Commence search for alternate offices - Complete legal negotiations regarding in-house administrative set-up - Inform current Administrator of proposed changes - Complete negotiations regarding office facilities
<u>June 1982</u>	- Review preliminary software specifications - Confirm definite date for receiving computer hardware
<u>August 1982</u>	- Complete office design and complete interior construction
<u>September 1982</u>	- Move into new office facilities - Complete system overview specifications for the commencement of software development

<u>DATE</u>	<u>ACTIVITY</u>
<u>October 1982</u>	- Accept delivery and install computer hardware
<u>November 1982 - May 1983</u>	- Conduct program testing, modifications, and alterations - Receive preliminary file conversion and convert current data onto CDSPI system - Begin file-by-file data verification - Commence interviewing and hiring of additional administrative staff - Commence discussions regarding the retaining of a Consultant, and an advertising agency
<u>June 1983</u>	- Run small billing transaction file on a test basis parallel to the billing run by Administrator, compare results, and make adjustments where discrepancies are found (if any) - Complete negotiations for the retaining of an insurance consultant and advertising agency
<u>August 1983 - Mid-September 1983</u>	- Complete tests of programs and data verification
<u>Late September 1983</u>	- Produce fourth quarter billings for 1983 as final test of the system on a small quantity
<u>November 1983</u>	- Take over final responsibilities for all administrative functions, and proceed with developing and compiling all invoicing relating to the premium year 1984 to be mailed last week of November 1983

COUNCIL ON CONSTITUTION & BY-LAWS

REPORT OF THE CDA COUNCIL ON CONSTITUTION AND BY-LAWS TO THE 1982 INTERIM BOARD OF GOVERNORS

Members: Dr. D. McDougall, Victoria, B.C., Chairman
Dr. G. Anthony, St. John's, Newfoundland
Dr. B.M. Jackson, Kitchener, Ontario.

Dr. B.W. Holmes, Executive Liaison

1. Council Meeting

The Council on Constitution and By-Laws is scheduled to meet on March 12, 1982, at headquarters building in Ottawa.

Business Requiring Board Action

2. Board of Governors Resolution - August, 1981

WHEREAS Article XXIV, Section 1-2 of the Constitution and By-Laws reads as follows:

AMENDMENT OF BY-LAWS

Section 1 - These By-Laws may be amended or repealed by the Board of Governors in session provided that a copy of the proposed amendments shall have been mailed to the Executive Director of the Association at least three months prior to the meeting of the Board of Governors at which action upon such amendment is proposed to be taken. A copy of such proposed amendments shall be forthwith mailed by the Executive Director to each member of the Board of Governors, to the Secretary of each Corporate member and to the Chairman of the Constitution and By-Laws Council. Any such amendment or repeal shall require for adoption the affirmative vote of two-thirds of the members of the Board of Governors. No enactment, repeal or amendment of the By-Laws of the Association shall be enforced or acted upon until the approval of the Minister of Consumer and Corporate Affairs has been obtained.

Section 2 - The notice of any proposed amendment required by Section 1 hereof may be dispensed with by unanimous vote of the members of the Board of Governors present at any meeting. Any such amendments shall require for adoption the unanimous vote of the members of the Board of Governors present at any such meeting.

COUNCIL ON CONSTITUTION & BY-LAWS

Board of Governors Resolution - August, 1981, continued

AND WHEREAS the Board of Governors in August, 1981 did resolve as follows:

That auxiliaries sit on the Council on Health Care and Council on Education only when items of their specific concerns are being discussed and prior notice to this effect has been given in writing. Copy of the said notice must appear in the Council's minutes.

It is therefore recommended:

THAT ARTICLE XIV, Section 4 Terms of Reference for Councils, (c) Council on Education and (e) Council on Health Care be amended to carry out the direction of the Board of Governors resolution to regulate the attendance of auxiliaries at meetings of these councils.

N.B. - The Board agrees and the following Resolution came from the floor.

RESOLVED:

82.26 *THAT Article XIV, Section 4 - Terms of Reference for Councils, (c) Council on Education and (e) Council on Health Care be amended as follows:*

- 1. Deletion of Subsection 5 e) and f) - Council on Education; and*
- 2. Amend Section 4 e), para 1 reference to voting representative from each of the Canadian Hygienists' Association, and the Canadian Dental Nurses' And Assistants' Association.*

AND FURTHER THAT the Board recommends to Management Committee that a proviso be written to ensure representation of the above-named auxiliaries to these Councils on invitation.

ADOPTED

D. McDougall, Chairman
Council on Constitution
and By-Laws

ADOPTION OF REPORT

The Board accepts the Report of the Council on Constitution and By-Laws with thanks.

HEALTH CARE AMENDMENT

Article XIV, Section 4

(e) Council on Health Care

The Council on Health Care shall consist of one voting member from each corporate body and a chairperson. The Canadian Dental Association shall have no financial responsibility for non-members of the CDA.

Following the selection of the chairperson of the Council on Health Care by the Executive Council, the President of the Canadian Dental Association, in consultation with corporate body from which the chairperson is selected, is authorized to appoint another representative from that province to fill the vacancy on the Council.

It shall be the duty of the Council on Health Care:

- (i) to gather and evaluate information to formulate position papers and guidelines, and to make recommendations to the Board of Governors on matters relating to dental health care, dental programs and auxiliary personnel;
- (ii) to review by appropriate means all methods of reducing oral disease and to formulate guidelines for their implementation;
- (iii) to be cognizant of programs and methods of providing dental services and to develop related policies and guidelines;
- (iv) to study matters and to develop guidelines relating to the development and utilization of auxiliary dental personnel;
- (v) to liaise with appropriate agencies and to identify resource personnel and documents relating to the above;
- (vi) to act upon any related matter that may from time to time be assigned by the Executive Council.

COUNCIL ON HEALTH CARE

TERMS OF REFERENCE

Article XIV, Section 4 -

e) Council on Health Care

The Council on Health Care shall consist of one voting member from each corporate body, and one voting representative from each of the Canadian Hygienists' Association, and the Canadian Dental Nurses' and Assistants' Association, and a chairperson. The Canadian Dental Association shall have no financial responsibility for non-members of the CDA.

Following the selection of the chairperson of the Council on Health Care by the Executive Council, the President of the Canadian Dental Association, in consultation with corporate body from which the chairperson is selected, is authorized to appoint another representative from that province to fill the vacancy on the Council.

It shall be the duty of the Council on Health Care:

- (i) to gather and evaluate information to formulate position papers and guidelines, and to make recommendations to the Board of Governors on matters relating to dental health care, dental programs and auxiliary personnel;
- (ii) to review by appropriate means all methods of reducing oral disease and to formulate guidelines for their implementation;
- (iii) to be cognizant of programs and methods of providing dental services and to develop related policies and guidelines;
- (iv) to study matters and to develop guidelines relating to the development and utilization of auxiliary dental personnel;
- (v) to liaise with appropriate agencies and to identify resource personnel and documents relating to the above;
- (vi) to act upon any related matter that may from time to time be assigned by the Executive Council.

EDUCATION AMENDMENT

Article XIV, Section 4 -

(c) Council on Education

The Council on Education shall consist of thirteen members. In electing the membership of the Council the Board of Governors will assure that the representation is constituted as follows:

1. Three members shall be full-time active members of the Faculties of Canadian Dental Schools.
2. Four members shall not be full-time Dental Faculty members. The Chairman shall be appointed by the Executive Council from groups 1 and 2.
3. Lay person appointed by the Board of Governors.
4. One nominated by the Council on Student Affairs
5.
 - a) from nominations by Registrars
 - b) from nominations by National Dental Examining Board of Canada
 - c) from nominations by Association of Canadian Faculties of Dentistry
 - d) from nominations by Royal College of Dentists of Canada.

The election to Council is for a three year term, staggered, once renewable except for the student member, who shall be elected for one year renewable. No person shall hold more than one position on the Council nor may they represent more than one organization or group.

The Association of Canadian Faculties of Dentistry, the National Dental Examining Board of Canada, the Royal College of Dentists of Canada, the Canadian Dental Students' Conference and the Canadian Forces Dental Services have the privilege, without Canadian Dental Association financial responsibility, of non-voting participation in the Council on Education of one representative each.

The Council on Education shall have the power to appoint committees and subcommittees as it shall deem expedient.

The Council on Education may recommend to the Executive Council the appointment of consultants or advisers and recommend for employment such other personnel as is needed from within or

EDUCATION AMENDMENT

Article XIV, Section 4 - continued -

without the membership of the Association for any purpose within its jurisdiction, providing that if such appointments involve expenditures of funds other than those already allotted to the Council they must be approved by the Board of Governors.

It shall be the duty of the Council on Education:

- (i) to give study to all matters relating to dental education.
- (ii) to develop guidelines and make recommendations of the same to the Board of Governors in respect of matters relating to Dental Education.
- (iii) to evaluate the various forms of dental education and to recommend revisions to the Board of Governors when necessary.
- (iv) to accredit undergraduate, postgraduate and graduate programs in dentistry, programs in dental hygiene, and dental assisting courses, and periodically review such accreditation in accordance with requirements and standards approved by the Board of Governors.
- (v) to approve dental internships and residencies in accordance with requirements and standards approved by the Board of Governors, when such dental internships and residencies are components of creditable postgraduate and graduate programs.
- (vi) to develop guidelines and make recommendations of the same to the Board of Governors in respect of matters relating to specialization in dentistry to programs leading to specialist qualifications.
- (vii) to recommend to the Board of Governors methods of assisting corporate members and/or provincial licensing bodies with respect to dental education, when requested.

COUNCIL ON EDUCATION

TERMS OF REFERENCE

Article XIV, Section 4 -

c) Council on Education

The Council on Education shall consist of fifteen members. In electing the membership of the Council the Board of Governors will assure that representation is constituted as follows:

1. Three members shall be full-time active members of the Faculties of Canadian Dental Schools.
2. Four members shall not be full-time Dental Faculty members. The Chairman shall be appointed by the Executive Council from groups 1 and 2.
3. Lay person appointed by the Board of Governors.
4. One nominated by the Council on Student Affairs.
5.
 - a) from nominations by Registrars
 - b) from nominations by National Dental Examining Board of Canada
 - c) from nominations by Assoc. of Canadian Faculties of Dentistry
 - d) from nominations by Royal College of Dentists of Canada
 - e) from nominations by Canadian Dental Nurses and Assistants Assoc.
 - f) from nominations by Canadian Dental Hygienists' Association

The election to Council is for a three year term, staggered, once renewable except for the student member, who shall be elected for one year renewable. No person shall hold more than one position on the Council nor may they represent more than one organization or group.

The Association of Canadian Faculties of Dentistry, the National Dental Examining Board of Canada, the Royal College of Dentists of Canada, the Canadian Dental Hygienists Association, the Canadian Dental Students' Conference, the Canadian Dental Nurses and Assistants' Association and the Canadian Forces Dental Service have the privilege, without Canadian Dental Association financial responsibility, of non-voting participation in the Council on Education of one representative each.

The Council on Education shall have the power to appoint committees and subcommittees as it shall deem expedient.

Council on Education - Terms of Reference - continued -

The Council on Education may recommend to the Executive Council the appointment of consultants or advisers and recommend for employment such other personnel as is needed from within or without the membership of the Association for any purpose within its jurisdiction, providing that if such appointments involve expenditures of funds other than those already allotted to the Council they must be approved by the Board of Governors.

It shall be the duty of the Council on Education:

- (i) to give study to all matters relating to dental education.
- (ii) to develop guidelines and make recommendations of the same to the Board of Governors in respect of matters relating to Dental Education.
- (iii) to evaluate the various forms of dental education and to recommend revisions to the Board of Governors when necessary.
- (iv) to accredit undergraduate, postgraduate and graduate programs in dentistry, programs in dental hygiene, and dental assisting courses, and periodically review such accreditation in accordance with requirements and standards approved by the Board of Governors.
- (v) to approve dental internships and residencies in accordance with requirements and standards approved by the Board of Governors, when such dental internships and residencies are components of accreditable postgraduate and graduate programs.
- (vi) to develop guidelines and make recommendations of the same to the Board of Governors in respect of matters relating to specialization in dentistry to programs leading to specialist qualifications.
- (vii) to recommend to the Board of Governors methods of assisting corporate members and/or provincial licensing bodies with respect to dental education, when requested.

DENTAL MATERIALS & DEVICES

REPORT OF THE CDA COUNCIL ON DENTAL MATERIALS AND DEVICES TO THE 1982 INTERIM BOARD OF GOVERNORS MEETING

Members: Dr. R.Y. Barolet, Quebec City, Chairman
Dr. P.C. Desautels, Montreal
Dr. D. Gau, Edmonton
Dr. L.J. Gourley, Cornerbrook
Dr. L.N. Johnson, London
Dr. D.W. Jones, Halifax
Dr. P.T. Williams, Winnipeg

Dr. R.D. Sexton, Executive Liaison

Observers/
Guests Dr. Dr. P. Blais, Health Protection Branch, Health & Welfare
Dr. J. Stanford, American Dental Association

CDA Staff Mr. H. Drouin, Executive Director
Mrs. P. Cunningham, Assistant to the Executive Director.

Council Meeting

1. One meeting of the Council was held at the Ottawa headquarters on November 6, 1981 since the 1981 Board of Governors meeting in Calgary.

Business Requiring Board Action

2. CSA Technical Committee on Dentistry

The Council reviewed an interim report on the status of dental materials certification presented by the Canadian Standards Association.

The Dental Materials Certification Plan as proposed by the CSA contains three major elements:

- a) CSA provide proof of compliance to the CSA Dental Standards by setting up a testing mechanism.
- b) CDA will endorse and recommend the use of certified dental products by publishing to the dental profession a list of certified dental products and
- c) CDA would place a seal or mark on any certified dental product.

DENTAL MATERIALS & DEVICES

3. The members of Council although generally in agreement with such a plan were not sure what the legal implications would be of placing a CDA mark on certified materials and hence made the following recommendation.

4. **RESOLVED:**

86.27

That the Council on Dental Materials and Devices supports in principle the CDA endorsement of dental products which have been shown to comply with CSA standards, subject to mechanisms to be determined in future discussions between CSA and CDA.

ADOPTED

Items for Board Information

CDRF Award

5. Submissions received for the 1982 CDRF Award have been forwarded to the Committee for judging. A recommendation will be made at the annual Board Meeting.
6. The Council will investigate the possibility of expanding the role of the Canadian Dental Research Foundation to include possibly the funding of dental research in Canada. The CDRF is a true foundation, duly registered with the Department of Consumer and Corporate Affairs and hence could become more active in obtaining funds and supporting dental research.

ISO/TC106

7. Six members of the Council attended as Canadian delegates the last annual meeting of the International Organization for Standardization which took place in Pretoria in September 1981. A report of the activities of the Canadian delegation was submitted to the Journal for publication.
8. A new chairman for ISO/TC106 was elected at this meeting. Although the Canadian delegation was planning to make a nomination for this position, a delegate from France received sufficient support to be elected Chairman.

Advisory Committee on Medical Devices

9. A review of the deliberations of the last meeting of the subject committee took place. Particular notice was made of an Information Letter from the Health Protection Branch on new regulations pertaining to Implants which places restrictions on the use of materials and devices intended to be implanted into the body on a semi-permanent or permanent basis.

DENTAL MATERIALS & DEVICES

10. The definition of Implant proposed does not distinguish between restorative dental materials and materials and devices designed to be actually implanted into the soft tissue or bone. The Council was of the opinion that CDA should respond to the information letter and that such a response should include the following elements:
11. The CDA is a general agreement with the principle that all implant materials and devices should have adequate tests to establish their safety effectiveness.
12. The definition proposed is too comprehensive and does not take into account the nature of dental treatment, especially the provision of restorations for teeth which are in a different milieu compared to surgical implants. An exemption should be requested for tooth restorative materials which do not penetrate below the oral mucosa and which have been previously marketed for clinical use and found to be generally safe and effective. The definition of implantable devices should therefore be redrafted to allow for the special position of dental restorative materials.
13. The CDA should participate in the development of criteria for the establishment of the safety and effectiveness of implant devices as it pertains to the dental field.
14. The CDA will provide an up-to-date list of names and addresses of CDA members to the Bureau of Medical Devices for mailing of Information Letters and other pertinent information that the Bureau produces.

Mercury Contamination project

15. The measurement phase of the study being carried out in dental offices in the Maritime provinces is complete and data is being analyzed for a forth coming presentation at the next Board Meeting.

Exhibitors to CDA Conventions

16. It has been noted that standards for exhibits at annual conventions should be updated. The Council will propose a set of standards that could be used for exhibitors at our Conventions.

Respectfully submitted

R.Y. Barolet, Chairman
Council on Dental Materials
& Devices

ADOPTION OF REPORT:

The Board accepts the report of the Council on Dental Materials & Devices with appreciation.

HEALTH CARE

REPORT OF THE COUNCIL ON HEALTH CARE TO THE 1982 INTERIM BOARD OF GOVERNORS

Members: Dr. H. Horsman, Riverview, New Brunswick
Dr. R. Bartalos, Ancaster, Ontario.
Dr. J.F. Begin, CFDS, St. Hubert, Quebec
Dr. A.D. Crocker, Tignish, P.E.I.
Dr. T. Dobbs, Winnipeg, Manitoba
Dr. E. Freidin, Saskatoon, Saskatchewan
Dr. E. Fukushima, Vancouver, B.C.
Dr. R. Janes, Gander, Newfoundland
Ms. K. MacDonald, CDHA, Halifax, N.S.
Dr. D. MacLeod, Kentville, N.S.
Dr. C.T. McNichol, Calgary, Alberta
Dr. J.C. Rooney, Riverview, N.B.
Dr. A. Toeman, Nun's Island, Quebec
Ms. E. Wesley, CDNAA, Lethbridge, Alberta

Dr. P.R. Crawford, Executive Liaison

Observer: Dr. J.C. Tsafaroff, DVA

Council Meeting

1. Since the last Annual Board of Governors' Meeting the Council has met once on November 26-27, 1981.

Matters Requiring Board Action

Delivery Systems

2. After much discussion, Council felt that CDA should develop statistics to prove out any policy statements that CDA makes regarding the effectiveness of fee-for-service private practice delivery of dentistry. The following motion is recommended:

WHEREAS the private practice fee-for-service mode of delivery of dental service is being challenged by the broad advent of capitation dentistry and other dental delivery systems;

RESOLVED:

82.28 *THAT the Council on Health Care prepare a statistical document that evaluates the cost effectiveness, accessibility and availability of the delivery of dental care by the "fee-for-service private practice" mode.*

ADOPTED

NOTE: *Request that Council on Health Care submit a methodology for this type of report to Executive Council.*

HEALTH CARE

2. Subcommittee on Dental Care Systems

WHEREAS the ODA has prepared an excellent thesis entitled "The Changing Dental Profession: New Directions for Practice in the 80's and Beyond", which fulfills the undertaking of the subcommittee on Dental Care Systems;

RESOLVED:

82.29 *THAT the Subcommittee on Dental Care Systems be disbanded; and*

FURTHER THAT the Council on Health Care appoint one member to monitor any new materials, as recommended in the Executive Council motion of April 3-4, 1981.

ADOPTED

Executive Council commends the Ontario Dental Association on the quality of the report and appreciates their cooperation in sharing this document.

Council wished to commend the ODA on its report and it was suggested that permission be sought to use any portion of this document. Dr. Bartalos, Chairman of the Committee on Dental Programs and Services, will monitor any new information that becomes available on Dental Care Systems.

3. CDA Policy Statement on Fee-For-Service and Capitation Programs

Council considered at length the proposal of the Executive Council at April 3-4, 1981 meeting and also a submission circulated to members, as follows:

Executive Council requests that the CDA Council on Health Care consider the following statement as a CDA Policy Statement on Fee-for-Service and Capitation Programs:

HEALTH CARE

"The Canadian Dental Association endorses the fee-for-service system of delivering dental care as a proven method, in which all patients have access to the dentist of their choice to receive quality care in a cost effective manner.

The Canadian Dental Association does not endorse capitation and will not encourage patients or dentists to participate in this method of prepaying the cost of dental care because the motivation may be for the dentist to provide minimal rather than comprehensive service. The CDA pledges to continue its effort to improve the fee-for-service system and to investigate and evaluate all methods of paying for dental services.

That dental care plan administrators, program purchasers and the public be made aware of the significant disadvantages that the Canadian Dental Association believes may exist in the capitation form of dental delivery; and

That since the Canadian Dental Association believes that plan participants may not be able to receive appropriate dental care under such a system that pre-paid dental program administrators, program purchasers and consumers be urged not to adopt or implement capitation programs; and

That the intent of the existing fee-for-service programs seek to serve the best interest of the patient."

RESOLVED:

82.30 *THAT the Council on Health Care not adopt the Executive Council comment of April 3-4/81 as a policy for fee-for-service and capitation programs; and*

THAT the recommended statement below be approved as amended:

HEALTH CARE

CDA POLICY STATEMENT ON PAYMENT FOR DENTAL SERVICES

(As recommended by the Council on Health Care)

The Canadian Dental Association recognizes the value of services provided by members and commends payment based on the individual services provided as being the one method that is equitable for all parties involved.

Payment of fees for individual services rendered allows dental patients to select a dental practitioner of their choice and requires the patient to participate in the selection of a treatment plan appropriate to their needs and circumstances.

As alternate systems of compensation for dental services such as closed panel capitation systems, deny one or more legitimate freedoms to either the patient or the dentist, the CDA therefore declares its opposition to such access or payment mechanisms.

The CDA accepts a commitment to make its views known to dental care plan administrators, plan purchasers, and the public generally along with the reasons for this position in effort to ensure that residents of Canada have continued access to the best possible method of obtaining quality dental care.

ADOPTED

4. Uniform System of Codes and List of Services

The subcommittee of Uniform System of Codes and List of Services recommended the following additions.

RESOLVED:

82.31 *That the following procedure numbers be added to the Uniform System of Codes and List of Services:*

HEALTH CARE

Procedure No. 65500 - Metal Onlay - Acid etch
bonded per abutment tooth
- Pontic extra

Procedure No. 23117 - Non-prefabricated veneer
application - auto polymerization

No. 23118 - Non-prefabricated veneer
application - light polymerization.

Procedure No. 43410 - Root Planing

No. 43420 - Supragingival scaling; and

FURTHER THAT the description of services for
Procedure No. 43400 be reworded to read:
"subgingival scaling".

ADOPTED

5. Working Group on Dental Hygiene (Health & Welfare)

Council discussed this topic at great length as to the Working Group's purpose and its composition. Dr. McNichol, CDA representative on the Working Group (also member of the Council on Health Care) reported the end product of this group would likely be a treatise on dental hygiene. Independent practice appears to be a very minor topic, from the several topics which have been assigned. Dr. McNichol advised that he will keep the Executive Council informed as to what is happening. Dr. Fukushima, Chairman of the Subcommittee on Auxiliaries, commented that he felt Council on Health Care does not have the time or expertise to do the same task as the Working Group has undertaken, although members do appreciate the feelings expressed by the Executive Liaison. He felt that concern now should be on a positive approach, to see how this Council can bridge the gap, perhaps with more assistance for Dr. McNichol with more people on the Working Group with whom we would feel confident.

Dr. Crawford commented on the perceptions of some of the provincial members and Board of Governors, particularly with respect to the sequence of events from the Hygienists' Brief to the Hall Commission -
- to the formation of a working committee, which appears to be "stacked".

HEALTH CARE

The following is recommended:

RESOLVED:

- 82.32 *That the name of Dr. A. Toeman (Quebec representative to Health Care Council) be recommended to the Executive Council as a member of the Working Group on Oral Hygiene, Health & Welfare.*

EXECUTIVE COMMENT: *Executive Council agrees and notes that the names of Drs. A. Toeman and J. Christie have been presented to Health & Welfare for membership on the Working Group.*

ADOPTED

6. Nine Digit Numbering System

Based on new information, it was suggested that the first two digits be used as a provincial allocation.

RESOLVED:

- 82.33 *That the original motion covering a nine digit numbering system as outlined in the Report to the 1981 Annual Board of Governors be amended as follows:*

That a nine digit numbering system be used for Dental Claim Forms and that the first two digits be allocated to identify the individual provinces, numbered as follows:

Newfoundland	01
Prince Edward Island	02
Nova Scotia	03
New Brunswick	04
Quebec	05
Ontario	06
Manitoba	07
Saskatchewan	08
Alberta	09
British Columbia	10
Northwest Territories	11
Yukon	12

HEALTH CARE

and further,

That the next five numbers be allocated at the discretion of the corporate or licensing bodies, and

Further that the eighth number be used for specialty classification and the ninth for member classification; and the last two digits be uniform as suggested by the Council on Health Care; and

That when a dentist moves to another province, a new number be assigned.

ADOPTED

Matters of Information Not Requiring Board Action

7. Fluoridation

A symposium is to be arranged in future involving CDA and government. Dr. Freidin arranged for members to view a 16mm film on fluoridation. This film was developed in the USA with funding from the Kellogg Foundation. Council felt this was a valuable program, and suggested that funding may be available in Canada for a program of this type and that perhaps Canadian content could be added via the appearance of a Canadian prominent in the field. The following motion was developed:

WHEREAS the Kellogg Foundation was funded, in the United States, a highly effective program of distribution of educational film and audio cassette to educate and stimulate physicians to possible fluoride supplements for children living in non-fluoridated areas; and

WHEREAS this program would augment an initiative in fluoridation already launched by the Canadian Dental Association;

That the Council on Health Care approve of the Kellogg Foundation audio-visual presentation on fluoridation and refer it to the Sub-Committee on Fluoridation for further action.

HEALTH CARE

8. Occupational Health Hazards

Council is continuing to identify areas of concern regarding Occupational Health Hazards, with the possibility of position papers being developed on them.

9. Dental Health Plans for Children

Guidelines for Dental Health Plans for Children are to be forwarded to the corporate members for input. Perhaps by working from that end CDA could develop guidelines that would be suitable to all corporate members and we could then consider them again at the Board level for national acceptance.

10. Dentistry for the Disabled

In April 1981, the Board agreed in principle with the Council on Health Care re inclusion of educational training in the area of dentistry for the disabled in the dental school curriculae, and requested that Council suggest topics to be included, and then forwarded to the Council on Education. A document prepared on this subject by a joint committee in the United States was suggested by the members serving on the Sub Committee for the Disabled as being the most up to date, comprehensive document available relating to school curriculum in this area. Council reviewed this document and made the following motion: "That the Council on Health Care forward the document: Curriculum Guidelines for Dentistry for the Handicapped, as prepared for the American Association of Dental Schools, to the Council on Education, to be used in the development of programs in dental health schools in Canada."

11. Radiation Protection

The Subcommittee on Radiation Protection has developed guidelines that Council accepts. This document is to be forwarded to CDA radiology consultant to be considered for use as CDA policy.

HEALTH CARE

12. Prepaid Dental Plans

Mr. Drouin and Dr. Bartalos recently met with representatives of the Canadian Life and Health Insurance Association Inc. Minutes are appended for information.

Respectfully submitted,

H.W. Horsman,
Chairman
Council on Health Care

ADOPTION OF REPORT:

The Board accepts the report of the Council on Health Care with thanks.

MINUTES of a meeting of representatives of the Canadian Dental Association and the Canadian Life and Health Insurance Association held at 20 Queen Street West, Toronto, Ontario on Tuesday December 15, 1981 at 2:00 p.m.

PRESENT: CDA : Dr. Ronald Bartolos, Chairman,
Council on Health Care.
Hubert Drouin, Executive Director.

CLHIA: James Gill, (Confederation)
Chairman, Sub-Committee on Group
Underwriting and Health Services.
Robert Fitzpatrick, (Travelers)
Charles C. Black, Vice-President
Health Insurance
Ross R. Rowlands, Director, Health
Relations.

1. FEDERAL BUDGET PROVISIONS RE DENTAL PLANS

Attendees exchanged views and discussed the implications of the federal budget announcement on November 12, 1981 that employer contributions to private health services and dental insurance plans were to be included in the income of employees for tax purposes.

The CDA had expressed its opposition to the proposal in a letter dated December 4, 1981 to the Minister of Finance and CLHIA, after discussions with Department of Finance officials, had met with and delivered a submission to the Minister on November 30th. Copies of the two documents were exchanged and it was agreed that the two Associations would keep each other informed of the results of their further representations with respect to the tax proposal.

2. UNIQUE IDENTIFICATION NUMBERS

CDA representatives reviewed the procedure, previously announced, for assigning to each dentist a unique identification number for claim form purposes replacing the Social Insurance Number currently in use. There had been one change from the original plan, they said. Of the nine digits to be used, the first two would identify the province in which the dentist was practicing and the remaining seven assigned to show his license number in that province, speciality and type of membership. If a dentist moved from one province to another it would be necessary that he obtain a new identification number.

CLHIA representatives noted that information had been received from the Ontario Dental Association announcing that ODA members were being assigned the new numbers and were expected to begin using them on January 1st. This

information had been relayed to CLHIA member companies together with the ODA offer to provide on request a listing of all Ontario dentists and their Unique Identification Numbers.

Dr. Bartolos reported that a schedule for implementing the change in other provinces would be announced in January. With respect to a necessary change on the approved Standard Dental Claim Form, he said that, until all provinces were on schedule, CDA would probably authorize use of "SIN/UIN" to indicate that either number was acceptable but, in any event, he would inform CLHIA of CDA's wishes early in the new year.

3. UNIFORM SYSTEM OF CODING AND LIST OF SERVICES

1. Amendments

Mr. Drouin had advised CLHIA in October of a number of amendments to the CDA list of procedure codes but was unable to ascertain from CDA records whether or not dental insurance carriers had been notified of earlier amendments. CLHIA representatives could not recall having received notice of revisions and it was agreed therefore to advise members that an up-to-date listing of the code and services could be obtained from the CDA office on request.

2. Inconsistencies

Mr. Rowlands reported that a member company had found a rather large number of procedures, particularly specialist ones, where the coding used by some provincial associations differed from that of the CDA listing. He asked if CDA was aware of this and whether or not uniform application of the system in all provinces was being sought.

Mr. Drouin said he was not familiar with details of the provincial coding systems but he would be pleased to refer the matter to Dr. C. McNicol, Chairman of the CDA committee responsible for the system, for his review and attention. A copy of the company's letter outlining its problem was given to Mr. Drouin for referral.

4. STANDARD CLAIM FORMS

1. Orthodontic

Mr. Gill reviewed the background of discussion and negotiation between the Ontario Society of Orthodontists and the industry Association which led to the development of a form approved and accepted by both the orthodontists and the insurers. After that was accomplished and it was hoped that the OSO form would be formally approved by the

CDA for use in all provinces, he said, the Canadian Association of Orthodontists announced the introduction of a standard form which, they contended, had the approval of each of the provincial bodies and, on that ground, had secured CDA approval for it. This was upsetting for insurers, he added, because the CAO form did not provide all the information necessary for claims adjudication and settlement. Further, he said, the Ontario Society of Orthodontists reported that they had not approved the CAO form having responded to a request for approval with the statement that they would do so only if the member companies of the industry Association agreed that it was a suitable replacement for the OSO form.

Dr. Bartolos explained the position of the CDA's Council on Health Care and the effort it was making to have agreement reached with respect to a standard form. He informed the meeting that the CAO had struck a new committee to review the whole matter and make recommendations and that it was scheduled to meet on January 28, 1982 under the Chairmanship of Dr. Frank Shamy of Montreal. Dr. Bartolos suggested that CLHIA might wish to submit a brief to that Committee and Mr. Gill agreed that the Association would do so.

On the subject of orthodontic treatment, Dr. Bartolos read a letter from a practitioner expressing concern about the orthodontic claims administration practices of a CLHIA member company. Mr. Gill agreed to discuss the matter with a company representative and report his findings to Dr. Bartolos.

2. Periodontic

Dr. Bartolos announced that CDA was considering whether or not a standard periodontic form, along the lines of one approved by the Ontario Society of Periodontists and the ODA, should be approved by the national bodies. He asked if the Ontario form gave all the information insurers needed and met their requirements for a national form. Mr. Gill agreed to place the item on the agenda for a meeting on January 26, 1982 of the Sub-Committee on Group Underwriting and Health Services and to report to CDA following the meeting.

5. CLAIM FORM MODIFICATIONS FOR COMPUTER SYSTEMS

Mr. Gill reported that CLHIA had been asked to comment on certain elements of automated office systems being developing for use by dentists. The principle item about which enquiry was made was a dental claim form which would be presented to the company or organization providing coverage. The most recent form received would be reviewed

at the Sub-committee meeting on January 26th but it appeared at first glance, he said, to be unsuitable for carrier use because it omitted several items that were on the CDA-approved standard form. To keep CDA informed of CLHIA's response to enquiries in this area, representatives' agreed to send copies of correspondence to the CDA office.

6. DENTAL ACCIDENT CLAIM FORM

Details of the Dental Accident Claim Form approved by CDA and CAASI in March, 1980 were reviewed and the meeting agreed that no revisions were necessary other than the ones respecting use of the Social Insurance Number and the name of the Insurance Association.

7. CO-ORDINATION OF DENTAL BENEFITS

For the information of CDA, CLHIA representatives outlined the procedure adopted by insurance companies and Ontario Blue Cross for the co-ordination of dental coverage benefits and presented a copy of the Guidelines and Standard Procedures.

8. DENTURISTS SERVICES

Mr. Gill reported that claims presented to carriers for services provided by denturists sometimes created problems because of uncertainties about denturist licensing requirements and limitation on the kinds of services they were entitled to render. CLHIA members have been advised to use their own judgement in settling such claims but to keep in mind that if it is obvious to them that a denturist had performed services other than those for which he was licensed, he should be reported to the licensing authority. He said the Association's Sub-committee would be reviewing this position on January 26th.

9. JOINT CDA/ODA CONVENTION

CLHIA representatives noted that CDA and ODA were holding their annual meetings in a Joint Convention in Toronto in May, 1982 and asked if a display or information booth or some other form of presentation might be arranged by CLHIA to highlight the industry's role in providing dental and other health care coverage and describing the marketing and administrative procedures that would be of interest to dentists. Mr. Drouin expressed thanks for the suggestion and said he would be happy to discuss the possibility with others and report back.

All present expressed satisfaction with the results of the meeting and agreed that the decision to meet on a more-or-less regular basis was beneficial and should be continued.

The meeting then adjourned.

COUNCIL ON HOSPITAL SERVICES

REPORT OF THE CDA COUNCIL ON HOSPITAL SERVICES TO THE 1982 INTERIM MEETING OF THE CDA BOARD OF GOVERNORS

COUNCIL MEMBERS: M. Gornitsky, Montreal, Chairman of Council
E. Cree, Montreal
K.M. Gordon, Edmonton
J.H. Gryfe, Toronto
W. Sussel, Chilliwack
C. Terriss, Halifax

Executive Liaison: D.L. Thompson

1. COUNCIL MEETINGS

One meeting of the Council on Hospital Services has been held since the 1981 meeting of the Board of Governors, on January 22 and 23, 1982. All members of Council and the Executive Liaison Representative were present.

2. ITEMS OF BUSINESS TO BE DISCUSSED

(1) Accreditation Classification

In order to be more specific and to incorporate some flexibility, as well as to conform more closely to the accreditation classifications of both the Canadian Dental Association and the American Dental Association, classifications were reviewed and the following definitions are herewith presented for Board approval.

RESOLVED:

82.34 That the following definitions be approved:

(a) PROVISIONAL APPROVAL

On the basis of a site visit and an institutionally prepared prospectus this classification is granted to an Institution/Program where it has been found that the Institution/Program has a number of major deficiencies or weaknesses in one or more basic areas. The deficiencies or weaknesses are considered to be of such magnitude that, if not corrected, withdrawal of the Institution/Program's accreditation status will result. Evidence of significant progress must be demonstrated within one year.

COUNCIL ON HOSPITAL SERVICES

(b) CONDITIONAL APPROVAL

On the basis of a site visit and an institutionally prepared prospectus this classification is granted to an Institution/Program where specific deficiencies or weaknesses exist in one or more specific areas of the program. The deficiencies or weaknesses are considered to be of such a nature that they can be corrected in one year. An Institution/Program receiving the status of CONDITIONAL APPROVAL must provide a progress report at the end of the year.

(c) FULL APPROVAL

On the basis of a site visit and an institutionally prepared prospectus this classification when granted to an Institution/Program indicates that the Institution/Program achieves or exceeds the minimum requirements for APPROVAL as established by the Council on Hospital Services. This accreditation classification specifies that the Program has no serious deficiencies or weaknesses, however, recommendations or suggestions relating to program enhancement are generally included in the evaluation report. This approval is for three (3) years.

ADOPTED

(2) A.C.F.D. RESOLUTION RE SURVEYING OF INTERNSHIP/RESIDENCY PROGRAMS

The following resolution was passed by the House of Delegates of the ACFD at its meeting in June of 1981:

"Whereas intern and residency programmes, currently accredited by the Council on Hospital Services are clearly identified as education, ACFD/AFDC requests that the Canadian Dental Association consider that their accreditation be undertaken by the Council on Education."

This was passed to the Council on Hospital Services for their

COUNCIL ON HOSPITAL SERVICES

consideration and in response Council submits the following recommendation to the Board:

1. *Whereas the aims and objectives of this Council are to promote and encourage hospital dentistry and*
2. *Whereas accreditation of hospital services and programs has been the major preoccupation of this Council for many years and*
3. *Whereas Council members have developed expertise in collating survey results relative to hospital dentistry and Residency/Internship programs and*
4. *Whereas it would be difficult to divorce general practice Internship/Residency programs from hospital dental departments and services because*
 - a) *a significant portion of the education process in hospitals stems from the interaction between physician and dentist and*
 - b) *the service component is a contributing factor to the educational experience and*
5. *Whereas the level of the educational component differs significantly from undergraduate education and*
6. *Whereas in most instances the educational component associated with the university as applied to the hospital is minimal and*
7. *Whereas the hospital dental programs take most of their educational experience from within the hospital milieu itself and*
8. *Whereas dental Residency programs are largely funded by the Ministry of Health rather than the Ministry of Education and*
9. *Whereas it is more cost effective to accredit a dental program along with the dental department or service and*
10. *Whereas it would be counter productive to dismantle an ongoing structure devoted to excellence in its field,*

Therefore be it resolved that the responsibilities of the

COUNCIL ON HOSPITAL SERVICES

Council on Hospital Services of the Canadian Dental Association as presently structured be maintained.

NOTE: Recommendations submitted regarding responsibilities of
82.35 the Council on Hospital Services to be deferred until the Council on Education meets in May, 1982 and submits its recommendations.

RESOLVED:

82.36 *THAT to avoid a conflict of interest, Council members divorce themselves from the surveyors' role except for exceptional circumstance;*

AND THAT the Council be directed to expand its surveyors' pool to address regional requirements in the interest of economics and administration of the CDA;

And FURTHER THAT the surveys be spread over a period of three years for the same reason.

ADOPTED

(3) STERILIZATION PROCEDURES

Council has been studying the subject of sterilization procedures, specifically as they apply to hospital dental departments and has noted that no Canadian standards have been set for unsaturated chemical vapour sterilizers.

RESOLVED:

82.37 *THAT the Canadian Standards Association be requested to examine and set standards for unsaturated chemical vapour sterilizers.*

ADOPTED

COUNCIL ON HOSPITAL SERVICES

1. ITEMS OF BUSINESS FOR INFORMATION

(1) Survey Report

Following a special meeting of Council in Calgary in September 1981 and a mailed ballot, Toronto General Hospital Dental Service and Internship/Residency Program was awarded Provisional Approval for a period of one (1) year.

(2) Survey Documentation

Because of dissatisfaction expressed by chiefs of Dentistry with the survey documentation used for General Practice Internship/Residency Programs, Council decided to separate this document into two parts, (a) Application and (b) Self Assessment. This will be finalized by staff and presented at the next Council meeting. Until such time as this can be put into use Council will revert to the use of an earlier document which had been acceptable to the hospitals.

Respectfully submitted,

M. Gornitsky,
Chairman.

ADOPTION OF REPORT

The Board accepts the Report of the Council on Hospital Services with thanks.

COUNCIL ON INFORMATION SERVICES

REPORT TO THE CDA COUNCIL ON INFORMATION SERVICES
TO THE 1982 INTERIM BOARD OF GOVERNORS

Council Members

Chairman: Dr. Y. Kamachi, North Bay
Dr. D. Scramstad, Surrey
Dr. M. Carvonis, Hull
Dr. W. T. Koltek, Winnipeg
Dr. C. Leblanc, Moncton
Executive Liaison: Dr. J. Laporte, Québec

Council Meeting

1. Since the August Board of Governors Annual Meeting the Council has met once, December 3, 1981

Matters of Information not Requiring Board Action

2. Media Workshop

A media workshop for all members of Executive Council and the Executive Director, organized by the Director of Communications was held November 11 and 12, 1981 at the Holiday Inn in Ottawa, just prior to the November Executive Council meeting. The workshop was conducted by Paul McLaughlin with co-interviewer Patricia Lockie and two technicians. Response to the workshop was extremely positive.

It was proposed that similar media workshops be offered to Corporate members with Halifax, Winnipeg, Calgary and Vancouver as possible sites.

The media workshop concept will be outlined to Corporate members who will be asked to inform CDA of their own needs and suggestions. Corporate members will be asked to consult with a participant of the November 11 and 12 workshop from their area before responding.

COUNCIL ON INFORMATION SERVICES

Items of Business not Requiring Board Action

Speakers' Bureau

3. Council is looking into the feasibility of establishing a national Speakers' Bureau particularly in relation to the public. The first step will be to consult with Corporate Members to outline the Speakers' Bureau concept, to get a consensus on the usefulness of such a bureau, to seek suggestions as to the possible subject areas which are most requested and to obtain the names of individuals who would be interested in and have the skills to participate.

National Dental Health Month

4. National Dental Health Month Chairman Dr. Michel Carvonis reported on the NDHM workshop held July 24, 1981, in Ottawa and outlined a series of projects planned for the 1982 NDHM. They included:

- a) Presentation of the new National Dental Health Month poster. The slogan this year is "Smile Canada" in English and "Sourions" in French. The poster depicts two teenagers, actual persons a boy and a girl in four-colour with an inset of toothpaste, toothbrush and floss. The names of each province are printed on each individual provincial poster along with the name of the national association.

- b) The four-colour decals are square-shaped this year and will each carry either the slogan "Smile Canada" or "Sourions".

- c) English National Dental Health Month kits were written, printed, compiled and shipped to all the provinces by November 20, 1981. This is an increase in English kits of seven over last year. The French version of the kits (285) with an increase of 52 over last year, are expected to be completed and shipped in several weeks. CDA assumed all translation costs and all production costs for all the kits and their contents including shipping. The four-colour poster picture is used on the front of each NDHM kit.

Several new features were included in this years' kit including dental health activities for school children and more updated news articles.

- d) A French TV public service announcement featuring Captain Cosmos a well known French TV personality, will be used on private French stations.

COUNCIL ON INFORMATION SERVICES

e) Live radio spots four -30 seconds and four -10 seconds have been distributed to all English radio stations in Canada and French radio spots will be shipped shortly to all French radio stations in Canada.

f) The Shari Lewis English TV promo will be used again this year, with each province carrying both the provincial and national overlay identification. These promos will also be distributed to the networks.

g) Other NDHM promotions include reports in the JCDA, feature pictures to be distributed to Corporate Members for their publications and tie-ins with national firms such as McDonalds and Holiday Inns.

Film Reviews

5. Dr. Kamachi has now completed the review of the 34 dental films from the National Film Institute. While it was noted some films are still acceptable to the lay audience, others are completely obsolete. The latest film in the Film Institute collection was made in 1974. The Film Institute has eliminated its special reduced rental fee for Associations.

Council is investigating the feasibility of making new films and will seek financial backers including Health and Welfare and foundations. Proposed subjects included: the Advantages of Visiting a Dentist; Careers in Dentistry; New Methods of Practising dentistry; the Positive Things Dentistry Can Do For Patients and Dental Medicine and Dental Research. It was suggested these proposed films be directed to lay audiences, be non-technical and that the emphasis be placed on new techniques to negate stress and fear when visiting a dentist.

CDA Pamphlets

6. a) Completed

- i) Do It Yourself Oral Hygiene
Pratiques d'hygiène pour garder une bouche saine
- ii) Do You Smoke? Have Your Mouth Checked
Vous Fumez? Faites-vous examiner la bouche
- iii) Handicapped Must Become Priority and Not An Afterthought For Canadian Dentists. This article is available in reprint form and was published in the September issue of the CDA Journal.

COUNCIL ON INFORMATION SERVICES

CDA Pamphlets - Continued

b) In Production

- i) Partial Dentures
- ii) Complete Dentures

Both these pamphlets have been approved by the Council and are in translation prior to design work and production.

c) In Preparation

Paedodontics pamphlets

Copy is expected by spring from Dr. Frank Pulver who is working on several of them with his students.

The president of the Canadian Association of Orthodontists will provide copy for the Ortho pamphlet shortly.

Council has approached Dr. John N. Nasedkin of Vancouver to write a pamphlet on Occlusion.

Respectfully submitted,

Dr. Y. Kamachi
Chairman
Council on Information Services

ADOPTION OF REPORT:

The Board accepts the report of the Council on Information Services with appreciation.

STUDENT AFFAIRS

REPORT OF THE COUNCIL ON STUDENT AFFAIRS

TO THE

MARCH 1982 CDA BOARD OF GOVERNORS

Council members: Mr. Peter Judd, Chairman, University of Western Ontario
Mr. Warren Carr, McGill University
Mr. Michael Cormier, Dalhousie University
Miss Sandra Grenier, Université Laval
Miss Rita Hurley, McGill University (CDA Student Governor)
Mr. David Kapusianyk, University of Saskatchewan, (Past Chairman)
Mr. William Liang, University of British Columbia
Dr. Hardy Limeback, University of Toronto
Mr. Tim Mahoney, University of Alberta
Mr. David McLeod, University of Saskatchewan, (Student Governor-Elect)
Mr. Alexander Mutchmor, University of Manitoba
Mr. Alain Thivierge, Université de Montréal (Chairman-Elect)
Dr. Lynn Tomkins, Windsor, (Past Student Governor)
Miss Licia Verardo, University of Western Ontario.

Executive Liaison Dr. B. Holmes

Council Meetings

The Council has met once since the last Board meeting, on September 26, 1981. Dr. John MacKay was the CDA Executive Council Liaison at this meeting.

A. Matters Requiring Board Action

1. Selection of CDA Student Representatives at the Dental Faculties

Council considered the method whereby students were selected as CDA representatives at the dental faculties. There appeared to be no consistency from dental faculty to dental faculty.

Consequently, Council undertook to develop guidelines for the selection of a CDA representative which, it hoped, would assist the dental undergraduate societies in the selection process.

STUDENT AFFAIRS

A. Matters Requiring Board Action (Cont'd.)

1. Selection of CDA Student Representatives at the Dental Faculties (Cont'd.)

RESOLVED:

- 82.38 *WHEREAS there has been concern raised at the 1981 Canadian Dental Students' Conference on the continuity of CDA representation by the individual undergraduate societies at the Canadian Dental faculties;*

THAT a tier system of representation be recommended to the dental undergraduate societies.

ADOPTED

2. CDA Welcome to the Profession Receptions

Council reviewed the intent and purpose of the Welcome to the Profession receptions at the dental faculties. After a lengthy discussion, it was the consensus of Council to recommend to the CDA to continue the sponsorship of this event with consideration being given to increasing the use of classroom time, where possible, with special emphasis on the first year students.

RESOLVED:

- 82.39 *WHEREAS it was felt by members of the Council on Student Affairs that the CDA Welcome to the Profession receptions are very beneficial in introducing Canadian dental students to organized dentistry;*

THAT the Canadian Dental Association continue to sponsor these receptions.

NOTE: *The Board of Governors agrees for the year 1982 and looks forward to the evaluation and continued monitoring by the Council on Student Affairs.*

ADOPTED

STUDENT AFFAIRS

A. Matters Requiring Board Action (Cont'd.)

3. CDSPI Graduate Package

Council endorsed its support of the CDSPI no-cost graduate package and continued to suggest ways of increasing participation in the package by graduating dental students.

RESOLVED:

82.40 WHEREAS Council wishes to increase participation in the no-cost graduate package;

 THAT materials and applications are made available as soon as possible and that applications for the graduate package be returned to CDSPI by January 31, 1982.

ADOPTED

B. Information Not Requiring Board Action

1. Council Restructuring

The newly restructured Council on Student Affairs had its first meeting in conjunction with the 1981 Canadian Dental Students' Conference which was held in Halifax, Nova Scotia, in September. The first meeting of Council, which included representation from all ten Canadian faculties of dentistry, was both efficient and productive.

2. Student Elections

The following two students were elected by Council to serve a three-year term on Council as Student Governor-Elect and Chairman-Elect:

David McLeod (University of Saskatchewan) - Student Governor-Elect

Alain Thivierge (Université de Montréal) - Student Chairman-Elect

STUDENT AFFAIRS

B. Information Not Requiring Board Action (Cont'd.)

3. Manual on Graduate, Post-Graduate, Internship and Residency Programs

Council developed a reference manual on Canadian Graduate, Post-Graduate, Internship and Residency Programs which has been distributed to each Canadian Faculty of Dentistry as a reference tool for dental students. The availability of this information has been publicized through the CDA Journal as well.

4. Student Newsletter

The Council is presently working on its first student newsletter, entitled DENTOFORUM. It is anticipated that this newsletter will be available after each Council meeting to be distributed to all Canadian dental students. It is hoped that the first newsletter will be distributed in February, 1982.

5. Manual on Practice Administration

For a number of years, Council has expressed a concern and an interest in providing students with additional information in the area of practice administration. With this in mind, Council has undertaken the writing of a practice administration manual which it hopes will be of use to both the dental student and practitioner alike. Dr. Robert Brandon from the University of Western Ontario is assisting the Council in the drafting of this manual. Upon completion of this draft, it is hoped that the teachers of practice administration at the Canadian dental faculties will have an opportunity to review the manual and its content prior to its final printing and distribution.

6. Canadian Dental Students' Conference

The University of Western Ontario, Faculty of Dentistry, has kindly offered to host the 1982 Canadian Dental Students' Conference. The tentative dates of the Conference are September 29 to October 2, 1982.

7. Manpower

Council expressed concern on the emerging problem of the over-supply of dentists and the need to encourage greater patient awareness of basic dental health. For this reason, Council wishes to encourage the Canadian Dental Association to continue to improve its public education programs in order to increase dental demand in Canada.

STUDENT AFFAIRS

Summary

The past year has been a very productive and informative one for the Council on Student Affairs. Council restructuring and full student representation has been met with enthusiasm by representatives from the ten Canadian dental faculties and has increased Council's activities and awareness of student concerns.

As a Council, we look forward to continuing our mandate of representing dental students across the country, and as Chairman, I wish to express our sincere appreciation to the Canadian Dental Association for its concern and interest in Canadian dental students.

Respectfully submitted,

Peter Judd,
Chairman.

ADOPTION OF REPORT

The Board accepts the report of the Council on Student Affairs with appreciation.



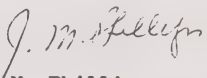
Report of Canadian Academy of Endodontics

1982 Executive

Past President	- Dr. F. B. Burns	Toronto
President	- Dr. Joel Edelson, 2200 Yonge Street, Toronto, Ontario M4S 2C6.	
President-Elect.	- Dr. Michael Sherman	Hamilton
Treasurer	- Dr. Marshall Peikoff	Winnipeg
Executive Secretary	- Dr. John M. Phillips, 57 Simcoe Street S., Suite 2L, Oshawa, Ontario L1H 4G4.	

1. The Annual Meeting of the Academy was held in Vancouver, B.C. from Oct. 16-18/81. Attendance was 126 and Dr. Barry Chapnick of Toronto was Program Chairman.
2. The 7th Annual Endodontic Teacher's Workshop was held on Oct. 15/81 with Dr. Joel Edelson as chairman. It was a tremendous success with a good attendance and benefited from the terrific facilities of U.B.C.
3. Membership in the Academy continues to grow and presently stands at 132.
4. The Academy again offers to any dental group in Canada, speakers from our Academy. Dr. M. Peikoff of Winnipeg, our Continuing Education Chairman, is in charge of this program.
5. The formation of the new position of executive secretary in the Academy is hoped to lend stability over a period of years to the Academy.
6. Next year's Scientific Meeting will be chaired by Dr. Herb Borsuk of Montreal and held at the Four Seasons Hotel, Montreal, Oct. 21-24/82.

Respectfully submitted,


J. M. Phillips,
Executive Secretary,
C. A. E.

ADOPTION OF REPORT

The Board receives the report of Canadian Academy of Endodontics as information with thanks.

PUBLIC HEALTH DENTISTS

ANNUAL REPORT

The Canadian Society of Public Health Dentists held their annual meeting on Sunday, August 30, 1981 in Calgary, Alberta. Twenty-nine members were in attendance plus 3 observers.

Dr. Gil Utas brought greetings from Canadian Dental Association; Dr. Tom Curry from Province of Alberta and Sharon French from Department of National Health and Welfare.

During the meeting, 2 new members were accepted as nominated by the Membership Committee bringing the total to 114 members (92 active, 13 associate and 9 retired).

Dr. Bob Feasby presented a 28 page booklet entitled "History of the Canadian Society of Public Health Dentists" which he had diligently prepared during the past year and a half. Copies were distributed to all members along with courtesy copies to C.D.A., Specialty Sections and Faculty of Dentistry libraries in Canada.

The following items were either discussed or acted upon:

1. The possibility of dental hygienists being members of C.S.P.H.D. was discussed without any action in lieu of other related discussions going on between C.D.A. and C.D.H.A. at the present time.
2. A number of changes were made in by-laws relating to membership mostly of a house-keeping nature.
3. The name of the Committee on Public and Professional Relations was changed to Committee on Communications to consist of 3 members two of whom will be Anglophone and Francophone editors of the Society's Newsletter.
4. The issue of mandatory membership in C.D.A. to be an active member in C.S.P.H.D. was thoroughly discussed. Since a moratorium of one year's duration was placed on this issue members were encouraged to join C.D.A. rather than being compelled to do so until issue has been resolved.
5. C.S.P.H.D.'s annual donation to C.F.D.E. was increased to \$200.00.
6. A letter to C.D.A. supporting the idea of them looking into taxation benefits for salaried dentists with respect to continuing dental education was approved.
7. Announcements provided information that:
 - a) Dr. R.L. Ellis had attended a C.D.A. Conference on Priorities as representative of C.S.P.H.D.
 - b) Dr. M. Lewis and Dr. R.L. Ellis were appointed as representatives of C.S.P.H.D. on a Working Group on Dental Hygiene Practice.

7. c) Dr. D. Banting and Dr. M. Hunt were recipients of a grant to carry out a dental health survey of Atlantic Provinces.
- d) Dr. J. Mann reported that an oral health survey had been carried out in 12 regions of B.C. with report due later in the year.
- e) Sharon French reported that a National Health and Welfare publication "Dental Health Teacher's Guide K-12" was completed and available upon receipt of orders.

A proposed slate of officers for 1981-83 was approved with an Executive Committee as follows:

President	- Tom Curry	- Alberta
President-Elect	- Bob Romcke	- P.E.I.
Past-President	- John Stamm	- Quebec
Secretary-Treasurer	- Roger Ellis	- Alberta

Members were directed to the R.C.D.(C) Symposium during the C.D.A. Convention in lieu of sponsoring a scientific session of their own. A proposal was made to hold a joint meeting with O.S.P.H.D. just prior to C.D.A. Convention in May in Toronto, Ontario.

Respectfully submitted,

Roger L. Ellis
Secretary-Treasurer

RLE:har

ADOPTION OF REPORT

The Board receives the report of The Canadian Society of Public Health Dentists as information with thanks.

CANADIAN FUND FOR DENTAL EDUCATION

INTERIM REPORT TO THE CANADIAN DENTAL ASSOCIATION BOARD OF GOVERNORS

MARCH 1982

1. It is with much pleasure and, I must admit, a certain amount of pride that I once again provide you with up-to-date information on all of the Fund's activities. This is being written on January 15, 1982, and our records for 1981 will not be audited until about the end of this month. However, I have no doubt the information I am about to give you is accurate for all practical purposes and, judging from previous experience, will not be changed by our auditors.

1981 RESULTS

2. The reason for my pride in presenting this report is that voluntary contributions to CFDE in 1981 were greater than in any previous year. Record highs were established in personal gifts from dentists (\$68,136), dental hygienists (\$2,326) and business and industry (\$83,114). Gifts from dental organizations (\$17,561) more than doubled in 1981, due largely to an outstanding contribution of \$5,000 from the Toronto Academy of Dentistry. The Fund also received a most welcome endowment fund gift of \$1,000 from the Elgin Dental Society. This tangible expression of confidence from our many supporters is most encouraging to all of us connected with the Fund.
3. 1981 income from all sources totalled \$240,000, or over 12% better than in the preceding year. CFDE income is received from eight different sources and in 1981 seven showed an increase over the previous year with just one (in memoriam gifts) showing a small decrease of \$195, a truly outstanding performance in the face of rather difficult economic conditions.

DISBURSEMENTS

4. The Trustees always strive to achieve a balanced budget and with this in mind approved grants for dental education and research of \$116,000 for 1981. Grants actually paid turned out to be \$5,000 less than the budgeted figure, largely because of a decrease in fellowship awards of some \$4,000. The decrease was occasioned by several fellowship recipients not accepting their awards for various reasons, such as obtaining an MRC grant of a larger amount.

CANADIAN FUND FOR DENTAL EDUCATION

INTERIM REPORT TO THE CANADIAN DENTAL ASSOCIATION BOARD OF GOVERNORS

MARCH 1982 -

5. Projects supported in 1981 were:

Teacher Training Fellowships	\$ 51,142
Unrestricted Grants to Dental Schools	\$ 15,000
Dental Students' Conference and Table Clinic Program	\$ 14,310
Teacher Training Awards to Four Dental Schools (Income from Lorne E. MacLachlan Endowment)	\$ 9,625
Dental Teaching Conference	\$ 6,000
Scholarships for Dental Students	\$ 4,500
University of Toronto Research Project	\$ 3,827
Sundry Awards	\$ 6,513

6. While the foregoing awards total \$15,000 less than in 1980, an additional \$24,000 will be available for distribution this year. This is largely because 1981 income exceeded budget, and operating expenses were less than forecast.

OVERHEAD

7. Excluding costs of over \$5,000 for a second Board of Trustees meeting, primarily held to reconsider a previous decision to move the Fund's office to Ottawa, total operating expenses increased just 5.6% over 1980. Even including the costs of the extra meeting, they increased just 10.9%. Operating accounts showing increases over the previous year included salaries and related expenses (an increase of \$4,638 or 8.6%), rent (\$1,928 or 33%), Trustee and Advisory Committee travel (\$4,969 or 92%). Overhead as a percentage of total income, and excluding the costs of the additional Trustees meeting, amounted to 41.1% as compared with 43.8% in the previous year, down nearly 3%. Even including the costs of the additional meeting, overhead was 43.1% of total income, still considerably higher than we would like but nevertheless a step in the right direction.

SPECIAL BOARD OF TRUSTEES MEETING OCTOBER 26-27, 1981

8. You will recall that when making my report to the Board of Governors in Calgary last August, I made reference to the fact that at our annual Board meeting in May 1981 the Board made a hasty decision to move the Fund's office to Ottawa.

CANADIAN FUND FOR DENTAL EDUCATION

INTERIM REPORT TO THE CANADIAN DENTAL ASSOCIATION BOARD OF GOVERNORS

MARCH 1982 -

9. Several members of the Board of Governors, in the discussion which followed my report, were greatly concerned that such an important decision had been made without knowing the answers to many questions about the future direction of the Fund. It was strongly suggested that the CFDE Board of Trustees reconsider the decision in the light of all available information. I had stated in my report that a full Board of Trustees meeting would be called at an early date to do this and also to receive the Ad Hoc Granting Priorities Committee's report.
10. A Board meeting was held on October 26-27, 1981, with all Trustees in attendance, including Mr. F. J. Heaps who, as you remember, was appointed to replace Mr. A. S. Currie.
11. I should first like to point out that most of the discussion re the location of the CFDE office was held in an in camera session. Prior to the closed session I summarized the events that had taken place since the Board's last meeting as a result of the decision at that time to move the CFDE office to Ottawa. I also reminded the Trustees that they would have to address themselves not only to the subject of the most suitable location for the Fund's office but also, and perhaps most importantly, to the matter of personnel and who should in future be responsible for the operation of the Fund in view of Mr. McDonald's intention to retire from his full-time position as Executive Director.
12. Mr. Drouin outlined how he felt the Fund would operate if located in Ottawa and the economies which could be achieved, i.e. he would oversee the direction of the Fund, administrative duties would be handled by CDA's Business Manager and the Fund's only employee would be a full-time Secretary. There would be no charge for space rental and a number of other CDA services.
13. During the in camera session a motion "that the operation of CFDE be moved to the CDA office in Ottawa" was defeated by a secret ballot.
14. It was also agreed that Mr. McDonald's wish to retire from his full-time position as Executive Director in 1982 become effective as of June 30.

CANADIAN FUND FOR DENTAL EDUCATION

INTERIM REPORT TO THE CANADIAN DENTAL ASSOCIATION BOARD OF GOVERNORS

MARCH 1982 -

15. Dr. W. G. McIntosh, Committee Chairman, joined the meeting to present the Ad Hoc Committee's report on grant priorities. At my request he guided the Trustees through the report highlighting those parts that are of the greatest importance.
16. During the general discussion which followed Dr. McIntosh answered a variety of questions raised by the Trustees. It was agreed the report should receive maximum publicity and in line with this a news release incorporating parts of the report was submitted for publication in the CDA Journal and ACFD Newsletter.
17. A motion was passed expressing the Trustees, grateful appreciation to Dr. McIntosh and his Committee members for their fine work on behalf of the Fund. Another motion was passed authorizing the distribution of the report to all those who forwarded suggestions as requested.
18. Other items of business dealt with at the October Board meeting included the following:
19. A grant of \$6,640 as per budget request was approved to finance the 1982 Teaching Conference entitled "The Teaching of Oral Pathology in the Undergraduate Dental Curriculum" to be held Friday, April 16, 1982, in the CDA boardroom.
20. The Fund has for many years supported the Biennial Conference on Dental Research and Education and a resolution was passed authorizing a grant of \$12,500 in support of ACFD's XIIth such meeting. The Conference is to be held June 13 in Halifax, Nova Scotia. The topic of the research component is "Classification Mechanisms in Bone Tissue and Teeth" and the topic of the education component is "How People Learn".
21. The Executive Director described the fluoride program carried out in the United States and funded by the W. K. Kellogg Foundation. He also commented on his discussions with Dr. Ben Barker, then a Program Director of the Foundation, who indicated the Foundation might well be interested in funding a similar

CANADIAN FUND FOR DENTAL EDUCATION

INTERIM REPORT TO THE CANADIAN DENTAL ASSOCIATION BOARD OF GOVERNORS

MARCH 1982 -

program in Canada. The following resolution was passed:

Whereas much interest was expressed by members of the CFDE Board of Trustees in the Kellogg sponsored program in the United States to educate and motivate physicians to prescribe fluoride supplements for children living in non-fluoridated areas, and

whereas the Canadian Dental Association has already launched an initiative on fluoridation,

be it resolved,

that the proposed fluoride program be referred to the CDA Council on Health Care for early consideration.

22. A cassette and film used in the United States program were forwarded to the CDA offices together with appropriate correspondence for the use of Dr. Earl Freidin at a CDA Council on Health Care meeting. A letter from Dr. Freidin dated December 1, 1981, states: "A motion was passed at the meeting endorsing the principle of using the program in Canada. I will keep you informed of further developments in the promotion of the program."
23. It was decided that no informal meeting with CDA be held unless requested.
24. The Executive Director informed the Trustees of Mr. Henry M. Thornton's intention to retire in June 1982 as Chairman of the Board and Chief Executive Officer of Dentsply International. Mr. McDonald summarized Mr. Thornton's involvement with the Fund over the years and suggested the Trustees might wish to show their appreciation for his keen interest in and outstanding support of CFDE's programs.
25. In this regard two motions were passed, the first to submit the name of Henry M. Thornton to the Canadian Dental Association for consideration as a recipient of the Association's highest honour

CANADIAN FUND FOR DENTAL EDUCATION

INTERIM REPORT TO THE CANADIAN DENTAL ASSOCIATION BOARD OF GOVERNORS

MARCH 1982 -

(i.e. Honorary Membership), and the second that each year the Canadian Fund for Dental Education award a fellowship in the name of Henry M. Thornton in recognition of Mr. Thornton's outstanding support of CFDE.

ACFD/CFDE - "CLINICAL COMPETENCY EVALUATION PROJECT"

26. In my interim report of a year ago (March 1981) I mentioned that the Association of Canadian Faculties of Dentistry in conjunction with CFDE had been working for some time on the preparation of a suitable grant application for a "Clinical Competency Evaluation Project" to be submitted for funding to the Kellogg Foundation. I regret to say that we have now been advised that the Kellogg Foundation wishes to decline further consideration of this proposal. It is further suggested that the matter can be reopened at some future date but that the initiative should be left to the Foundation.
27. I understand that ACFD has now submitted a similar application to the Federal Government and is optimistic that at least partial funding will be received from this source.

CFDE ADVISORY COMMITTEE ON FELLOWSHIP SELECTION

28. At our Board meeting in May 1981 the Trustees passed a resolution expressing their sincere appreciation to Dr. A. M. Hunt for his outstanding service to CFDE during his term of office as a member and Chairman of the Fund's Advisory Committee on Fellowship Selection. The Board also expressed thanks to Dr. C. G. Baker for the significant contribution he has made to the Fund during his three-year term as a member of the Committee.
29. I am pleased to report that, starting in 1982, Dr. John E. Speck has agreed to chair this important Committee and Drs. Ian C. Bennett and S. M. Borden have kindly consented to serve as members for a three-year term.

BEQUESTS

30. I would like to report that in 1981 CFDE was the beneficiary of a generous gift of \$1,000 from the estate of Mrs. Lillian D. Coyne in memory of her late husband Dr. Clarence A. Coyne.

CANADIAN FUND FOR DENTAL EDUCATION

INTERIM REPORT TO THE CANADIAN DENTAL ASSOCIATION BOARD OF GOVERNORS

MARCH 1982 -

31. We have been advised by the Royal Trust Company that CFDE will ultimately be a beneficiary in the estate of the late Dr. Wilfrid D. Grant and a notice has also been received from the Canada Permanent Trust Company that we will ultimately receive a \$500 gift from the estate of the late Dr. Richard J. Godfrey.
32. Gifts of this kind are most welcome and of real help in providing much needed assistance for dental education and research. They are probably the result of a mailing to selected members of the profession in August 1979.

APPRECIATION

33. On behalf of my fellow Trustees and myself I would like to take this opportunity to thank the Canadian Dental Association for increasing its annual contribution in support of our programs from \$500 to \$1,000 in 1981.
34. As always, the publicity the Fund received in the CDA Journal has been most helpful to our fund raising efforts and is deeply appreciated by all of us connected with the Fund.

Respectfully submitted,

James A Guest, D.D.S.
Chairman
CFDE Board of Trustees

CFDE Move to Ottawa

RESOLVED:

- 82.41 *WHEREAS it appears to be a major concern of Canadian dentists that the administration costs of CFDE are remaining at a very high percentage of their revenue, i.e. over 40% annually; and*

WHEREAS this concern of the Canadian dentist appears to be discouraging dentists from contributing to the CFDE Fund; and

CANADIAN FUND FOR DENTAL EDUCATION

INTERIM REPORT TO THE CANADIAN DENTAL ASSOCIATION BOARD OF GOVERNORS

MARCH 1982 -

WHEREAS the CDA has offered considerably reduced overhead costs to the CFDE if the administrative functions of the fund are moved into the CDA headquarters;

THAT the Board of Trustees of CFDE be asked to reconsider their decision to not accept CDA's offer to move their administration functions into the CDA headquarters.

ADOPTION OF REPORT

The Board receives the report of Canadian Fund for Dental Education as information with thanks.

news

FOR IMMEDIATE RELEASE

AD HOC COMMITTEE REPORTS TO CFDE TRUSTEES

TORONTO (January 15, 1982) --- The Chairman Dr. W. G. McIntosh personally presented the Ad Hoc Granting Priorities Committee's report to the Board of Trustees at their meeting on October 26, 1981. The following are excerpts from the Committee report:

"Trends and projections

"Since the CFDE Trustees have stated their desire to have the Fund's granting priorities in tune with the latest community requirements and professional attitudes, the Committee felt obliged to consider trends and projections in as many aspects of the provision of quality dental health care as possible. What would be most desirable in such considerations would be a thorough examination of the underpinnings of dental research, education and delivery systems. Such a detailed study is beyond the scope of the Committee's assignment. We, therefore, fall back on statements and projections of others who have been involved in these areas of investigation.

"Basic assumptions

"The Committee, having reviewed the available background information and considered the identified trends and projections, found it necessary to make certain assumptions as a base for assessing the priority suggestions made to the Committee by others and for firming up its own recommendations.

"The relevant basic assumptions on which the Committee agreed are summarized as follows:

- more -

CANADIAN FUND FOR DENTAL EDUCATION

SUITE 205, 44 EGLINTON AVENUE WEST, TORONTO, ONT. M4R 1A1 TELEPHONE 481-0650
318

news

Add One ---

- "1. There will be no significant alterations in the practice of dentistry, as it is now practised, over the next five year period.
2. There is little likelihood of the establishment of any new dental schools or a significant increase in the enrolment of the present ten dental schools over the next five year period. The required number of dental teachers over this period should, therefore, be relatively stable.
3. As an adequate supply of dental auxiliaries is also projected for the near future, the pressure to educate more and more dental auxiliary teachers will be reduced.
4. No large scale government or other dental health plans are foreseen over the next five year period.
5. There is a critical shortage of qualified researchers in dentistry, particularly those capable of designing and conducting epidemiologic, manpower, delivery system, sociologic and related studies.
6. There is a critical need to have such studies designed and conducted at the earliest possible moment.
7. To be in a position to effectively support the education of the required research investigators and the types of investigation mentioned above, CFDE's resources will need to be increased significantly.
8. This increase in resources should apply to staff as well as dollars. More donations from foundations, corporations, governments and public interest groups will be necessary to achieve such a goal.

- more -

CANADIAN FUND FOR DENTAL EDUCATION

SUITE 205, 44 EGLINTON AVENUE WEST, TORONTO, ONT. M4R 1A1 TELEPHONE 481-0650

cfde news

Add Two ---

- "9. The Fund must continue to attract ongoing donations from the dental profession's regular 'publics', namely individual dentists, dental auxiliaries, the dental industry and dental associations. Support for projects with visual benefits for these donors should help in this essential endeavour.
10. There is an acute shortage of recognized dental specialists in a number of areas in Canada.
11. When establishing its priorities, the Fund's national profile should be considered.
12. The Fund should have enough involvement with student activities to make the students aware of the Fund and its basic objectives.

RECOMMENDATIONS

"In making its recommendations for CFDE priority funding over the next five year period, the Committee has only commendation for the outstanding services the Fund has rendered to dental education since its inception. The fact that some priority alterations are now suggested is strictly an attempt to recognize and make adjustments for the many changes in dental education, research and practice which are taking place and are projected for the future.

"The Committee is, of course, seriously limited in making its recommendations by its inability to look accurately into the future and by the historical numerical limitation of the Fund's economic and staff resources.

- more -

CANADIAN FUND FOR DENTAL EDUCATION

SUITE 205, 44 EGLINTON AVENUE WEST, TORONTO, ONT. M4R 1A1 TELEPHONE 481-0650

cfde *news*

Add Three ---

"It should also be stated that all of the more than fifty topics or projects suggested to the Committee for a high priority in CFDE's grant program are considered to be worthy of CFDE support. It is only the limitation of the Fund's resources along with some urgencies that make the establishment of priorities essential.

"Furthermore there is such a wide range of grant application subject areas which have similar basic objectives, the Committee concluded that its recommendations for priority ratings should deal with categories rather than specific topics, offering examples of some of the specifics where appropriate. It will be up to the Trustees to determine if individual applications for funds fall within the identified priority categories of which we recommend five.

"Recommendation I: Foster research investigators in the
health planning field

"Having considered the trends and projections and after establishing our basic assumptions, the Committee concluded that the most urgent and timely category for the Fund to support, having both the public's and the profession's interests in mind, is one made up of projects centered on developing and increasing the availability of independent research investigators capable of designing and conducting studies in the broad area of health planning.

"This category would include such individual projects as:

- more -

CANADIAN FUND FOR DENTAL EDUCATION

SUITE 205, 44 EGLINTON AVENUE WEST, TORONTO, ONT. M4R 1A1 TELEPHONE 481-0650

news

Add Four ---

- fellowships for qualified health professionals wishing to prepare themselves for careers in health planning research,
- conferences, faculty exchanges and the like for researchers in these fields,
- deans' grants when used for closely related purposes,
- awards providing on a term basis (2-5 years) payment of a portion of the salary of a university staff appointee to allow the appointee to spend at least 50% of his/her time learning and applying research procedures in related fields of investigation.

"Recommendation II: Research and other investigations in the field of dental health planning

"Of an equally high priority category, but one which of necessity must follow the availability of qualified investigators, is that which includes projects related to the actual designing and conducting of various types of study within the field of dental health planning. A wide variety of studies would fall within this category. Examples would include:

- dental manpower studies,
- epidemiology studies,
- studies re delivery systems,
- accessibility to dental care,
- educational systems related to health planning,
- studies re prevention of dental disease,
- special dental needs and provision of care for minority and handicapped groups.

- more -

CANADIAN FUND FOR DENTAL EDUCATION

SUITE 205, 44 EGLINTON AVENUE WEST, TORONTO, ONT. M4R 1A1 TELEPHONE 481-0650

news

Add Five ---

"CFDE awards within this category should consider not only support for the actual investigation, but also for staffing and other facilities related to the investigation. For example, full or partial salary support for a qualified university staff appointee so that the appointee could conduct an investigation normally considered to be outside of his or her regular university assignments.

"The higher the public interest profile these studies have, the greater will be the potential for sizeable donations from foundations, corporations and governments. Although such donations, if sought for the support of specific projects, are likely to be of the restricted variety, they could with an appropriate managerial arrangement make it possible for the Fund to give significant support to this important type of project and, when indicated, to enlarge its own staff.

"The Committee, therefore, strongly recommends that the Fund encourage qualified investigators to apply for funds in support of carefully designed studies and/or demonstration projects which come within the broad category of health planning public interest programs, for which the Fund should then vigorously seek financial support from foundations, corporations and, if appropriate, from government health agencies. Opportunities to co-operate with other dental organizations or research groups in an effort to support these public interest projects should not be overlooked.

"Acceptable projects should, of course, show promise of producing new information with regard to the dental profession itself or the services it renders.

- more -

CANADIAN FUND FOR DENTAL EDUCATION

SUITE 205, 44 EGLINTON AVENUE WEST, TORONTO, ONT. M4R 1A1 TELEPHONE 481-0650

news

Add Six ---

"Recommendation III: Education to advance dental health services to the public

"The Committee considers it most important for the Fund to continue to attract active ongoing support from individual dentists, dental auxiliaries, dental associations and the dental industry. Visible evidence of benefits to these individual donors from the projects which receive awards from the Fund should help to encourage this ongoing support.

"High on a list of projects with visible benefits to the individual donors referred to above are those related to the quality of services rendered by the profession. For example:

- assistance in supporting continuing education programs and refresher courses for general practice dentists, for specialists and for auxiliaries,
- general practice residencies,
- public education programs designed to explain dental services and the value of dental health,
- upgrading of dental educators so they are qualified to conduct refresher and other types of continuing education programs;
- development of improved methods of accreditation which would help to ensure quality in the products of the educational systems.

"Recommendation IV: Specialist services for underserved areas

"Our review of the literature along with comments from several individuals who were invited to suggest high priority subject areas, pointed to the

- more -

CANADIAN FUND FOR DENTAL EDUCATION

SUITE 205, 44 EGLINTON AVENUE WEST, TORONTO, ONT. M4R 1A1 TELEPHONE 481-0650

news

Add Seven ---

fact that there are areas in Canada where the populace has little or no access to the services of dental specialists. While the maldistribution of dentists in general practice as well as of specialists will no doubt always be a problem, the problem is likely to be lessened over the next few years as dentists in the urban centers find it increasingly difficult to keep their office hours filled with appointments. However, until any significant redistribution occurs, an acute shortage of dental specialists in certain areas has been identified and should, if possible, be alleviated.

"The Committee, therefore, gives a high priority to support that will encourage dentists to qualify as specialists in specialties recognized by the Canadian Dental Association and for which the provincial licensing bodies have identified need within their respective jurisdictions. Commitments on the part of the dentists to provide service for a minimum period of time in the designated underserved areas should be a factor in the Trustees' consideration of the individual grant applications.

"Typical awards could be for:

- fellowships for specialist training for applicants prepared to make service commitments,
- fellowships for upgrading of general practice dentists who are prepared to provide special services in areas not served by specialists,
- stipends for qualified teachers who are prepared to visit areas underserved by specialists and provide upgrading programs for the dentists in the community.

- more -

CANADIAN FUND FOR DENTAL EDUCATION

SUITE 205, 44 EGLINTON AVENUE WEST, TORONTO, ONT. M4R 1A1 TELEPHONE 481-0650

cfde *news*

Add Eight ---

"Recommendation V: Student activities

"Although we are not suggesting that support for student activities be necessarily increased at the present time, we do recommend that support for such student programs as the table clinic program at national conventions and the students' conference be continued. The prime objectives for the Fund in continuing to support student activities should be to make the students aware of the Fund with its potential for rendering a unique service to the profession, along with their ongoing obligation to maintain and expand the services of the Fund.

--- --- --- ---

"These five recommendations for priority funding categories, namely

- I. Foster research investigators in the health planning field
- II. Research and other investigations in the field of dental health planning
- III. Education to advance dental health services to the public
- IV. Specialist services for underserved areas
- V. Student activities

are, in the order listed, the Committee's recommendations for the Fund's granting priorities for the next five year period. Ways and means of reaching these objectives have been suggested.

- more -

CANADIAN FUND FOR DENTAL EDUCATION

SUITE 205, 44 EGLINTON AVENUE WEST, TORONTO, ONT. M4R 1A1 TELEPHONE 481-0650

news

Add Nine ---

"Most of the subject areas suggested to the Committee for priority rating fall within one of the above five categories. Those that do not may still be worthy of the Fund's support, but in our view should for the next few years be considered after applications that do fall within the categories which we have selected.

"While the training of research personnel and support for health planning and related studies are given our highest priorities, it is realized that until more financial resources capable of supporting such projects are available, categories of a lesser but still high priority should be supported.

"Furthermore, the Committee is mindful that the Fund receives certain annual donations for restricted purposes which may not at the time fall within one of the designated high priority categories. The Committee makes no comment about these donations and the grants which emanate from them other than to encourage their continuance.

"Should the Trustees accept the priorities recommended in this report and see them as somewhat of a departure from the funding policies which have been in effect for some time, the Committee further suggests that the Fund publicize the new priority categories so that grant applications which comply with the activities in which the Fund wants to be involved will be encouraged."

--- --- ---

The Ad Hoc Committee was appointed by CFDE's Board of Trustees in 1980 to recommend granting priorities for the next five years. The Trustees were deeply impressed with the thoroughness of the Committee report and are confident the recommended granting priorities will be of inestimable value in their efforts to make the best possible use of the funds entrusted to their care.

- more -

CANADIAN FUND FOR DENTAL EDUCATION

SUITE 205, 44 EGLINTON AVENUE WEST, TORONTO, ONT. M4R 1A1 TELEPHONE 481-0650

news

Add Ten ---

The Ad Hoc Granting Priorities Committee was comprised of Dr. William McIntosh (Chairman), Dr. Robert Dupont, Dr. Harold Hillenbrand, Dr. John Neilson, Mrs. Linda Strevens and Mr. Arthur Zwingenberger and CFDE Board Chairman Dr. James Guest has forwarded a personal letter to each member expressing the Trustees' grateful appreciation for the considerable time and effort expended in producing such a worthwhile report.

- 30 -

CANADIAN FUND FOR DENTAL EDUCATION

SUITE 205, 44 EGLINTON AVENUE WEST, TORONTO, ONT. M4R 1A1 TELEPHONE 481-0650

THE NATIONAL DENTAL EXAMINING BOARD OF CANADA
LE BUREAU NATIONAL D'EXAMEN DENTAIRE DU CANADA

100 BRONSON AVENUE, OTTAWA CANADA K1R 6G8 (613) 236-5912

REPORT TO CDA BOARD OF GOVERNORS' ON THE 1981 ANNUAL MEETING

OF THE NATIONAL DENTAL EXAMINING BOARD OF CANADA

EXAMINATIONS

1. a) Definition

The NDEB approved the following definition for all examinations that are conducted by the Board:

«The purpose of NDEB examinations is to assist provincial licensing authorities in establishing that a candidate possesses the necessary cognitive and clinical skills for the competent practice of dentistry based on a single national standard.»

Over the years, the Board has introduced a number of alterations in its examination procedures for the written, preclinical and clinical examinations in an effort to improve its ability to assess the competence of candidates and to assure fairness in all aspects of its examinations. These improvements have been possible as a result of yearly evaluations of the examination procedures and the application of new knowledge in examination techniques. The NDEB fulfills its mandate to canadian graduates, who may be affected by a program which has lost its accreditation status, by the maintenance of an up to date examination mechanism

EXAMINATIONS(contd)

1. b) Examination Statistics

Appendix 1.

CDA COUNCIL ON EDUCATION

2. a) Report - NDEB Representative

Dr. N.J. Layton, the Board's representative to the CDA Council on Education, stated that in the Spring of 1981 he had participated in Committee No. 1 of the Council dealing with survey reports and felt that accreditation is being carried out in a responsible manner.

In presenting his report on the open session of Council, Dr. Layton drew the Board's attention to the fact that, beginning in 1982, licensing authorities will have two representatives on each undergraduate survey team i.e. one appointed by the licensing authority directly and the other one appointed by NDEB.

PROPOSED ACCREDITATION STUDY

3. The Board approved in principle a study of the Canadian Dental Association's undergraduate accreditation procedures as they relate to the NDEB's certification program, the latter having been designed to provide qualification for licensure.

PROPOSED ACCREDITATION STUDY (cont'd)

3. According to the Act of Parliament, the Board is charged with the responsibility to issue certificates of qualification. Since the Board is utilizing the accreditation process for granting certificates to Canadian current graduates, the Board could be viewed as being irresponsible if it did not review the accreditation process from time to time in order to ascertain whether accreditation meets the needs of the Board.

The Board decided to postpone this project until 1983 in order to give the CDA an opportunity for input.

RESOLVED:

- 82.42 *THAT the NDEB be requested to forward the data received and final report resulting from the NDEB study on CDA Accreditation to the Canadian Dental Association upon completion of such study.*

ADOPTED

NDEB/RCD(C) CERTIFICATION

4. The President welcomed Dr. K.J. Paynter, President-elect of the RCD(C) who had been invited to attend and report on the progress of the NDEB/RCD(C) examination, also known as the membership or Part I examination. Dr. Paynter stated that an oral component had been added to the examination in 1981 in order to establish a candidate's clinical competence. He further stated that the NDEB/RCD(C) examination had been conducted in two centres in the Spring of 1981 (Toronto and Edmonton) and every effort had been made to establish and maintain consistency and reliability of the examination.

STUDENTS' REPORT - 1981 STUDENT REPRESENTATIVE

5. The representative from the CDA Council on Student Affairs presented his report and stated that the profile of the NDEB had greatly improved among dental students. Since this was his last NDEB meeting, Mr. Kapusianyk thanked the Board and promised to pass on as much information as possible to his successor.

ACFD

6. The following motion was passed in response to correspondence received from the ACFD:

«That the NDEB go on record as supporting the concept that dental specialty programs include courses in education and educational methodology.»

FINANCES

7. For the past three years the Board has been able to operate on a balanced budget without fee increases. This was accomplished by careful management and maximum utilization of high interest rates. Unfortunately double digit inflation has caught up with the Board and a 10 percent fee increase was approved for 1982.

It was also agreed that future budgets and financial statements be organized to reflect the actual amounts that the Board contributes to accreditation such as cost of survey team members and related meetings in addition to the grant.

A copy of the audited financial statement for 1980/81 is attached as Appendix II.

OFFICERS FOR 1981/82

8. The following officers were elected for 1981/82:

- | | |
|--|---------------------|
| 1. Executive Committee - President | Dr. R. Coulombe |
| Past-President | Dr. N.J. Layton |
| Vice-President | Dr. W.J. O'Driscoll |
| Executive Members | Dr. R.B. Gilliland |
| | Dr. H.M. Dick |
| 2. Chief Examiner Spring 1982 - London | Dr. R.E. Jordan |
| 3. Chief Examiner August 1982 -Vancouver | Dr. M. Balanko |
| 4. Rep. to CDA Council on Education | Dr. N.J. Layton |

ADOPTION OF REPORT

The Board accepts the report of the National Dental Examining Board of Canada with appreciation.

APPENDIX I

THE NATIONAL DENTAL EXAMINING BOARD OF CANADA
LE BUREAU NATIONAL D'EXAMEN DENTAIRE DU CANADA

EXAMINATION DATA

I Written Examination

(Graduates of approved schools)

Year	Graduates in USA			Graduates in Canada		
	# of Cand.	# Succ.	% Succ.	# of Cand.	# Succ.	% Succ.
1971	22	18	82	12	4	33
1972	40	36	90	11	8	73
1973	30	25	83	12	10	83
1974	44	40	91	9	9	100
1975	46	43	93	5	4	80
1976	57	54	95	5	5	100
1977	86	78	91	6	4	67
1978	70	63	90	4	3	75
1979	18	17	94	4	4	100
1980	37	37	100	-	-	-
1981	15	15	100	1	1	100

II Clinical Examination

(Graduates of approved schools in USA)

Year	# of Cand.	# Successful	% Successful
1979	3	2	67
1980	15	5	33
1981	16	4	25

III Comprehensive Examination

(Graduates of unapproved schools)

Year	Written			Preclinical			Clinical		
	# of Cand.	# Succ.	% Succ.	# of Cand.	# Succ.	% Succ.	# of Cand.	# Succ.	% Succ.
1971	41	22	54	22	20	91	20	4	20
1972	44	26	59	26	18	70	27	9	30
1973	49	22	45	23	18	78	24	8	30
1974	45	27	60	27	23	85	37	16	43
1975	79	48	58	35	26	74	28	11	39
1976	91	57	63	46	25	54	48	16	33
1977	93	51	55	64	35	55	65	32	49
1978	80	52	65	63	34	54	48	20	42
1979	65	43	66	71	27	38	54	19	35
1980	94	55	59	79	37	47	59	16	27
1981	95	54	57	85	39	46	64	22	34

THE NATIONAL DENTAL EXAMINING BOARD OF CANADA
LE BUREAU NATIONAL D'EXAMEN DENTAIRE DU CANADA

EXAMINATION DATA

I Written Examination
(Graduates of approved schools)

Year	Graduates in USA			Graduates in Canada		
	# of Cand.	# Succ.	% Succ.	# of Cand.	# Succ.	% Succ.
1971	22	18	82	12	4	33
1972	40	36	90	11	8	73
1973	30	25	83	12	10	83
1974	44	40	91	9	9	100
1975	46	43	93	5	4	80
1976	57	54	95	5	5	100
1977	86	78	91	6	4	67
1978	70	63	90	4	3	75
1979	18	17	94	4	4	100
1980	37	37	100	-	-	-
1981	15	15	100	1	1	100

II Clinical Examination
(Graduates of approved schools in USA)

Year	# of Cand.	# Successful	% Successful
1979	3	2	67
1980	15	5	33
1981	16	4	25

III Comprehensive Examination
(Graduates of unapproved schools)

Year	Written			Preclinical			Clinical		
	# of Cand.	# Succ.	% Succ.	# of Cand.	# Succ.	% Succ.	# of Cand.	# Succ.	% Succ.
1971	41	22	54	22	20	91	20	4	20
1972	44	26	59	26	18	70	27	9	30
1973	49	22	45	23	18	78	24	8	30
1974	45	27	60	27	23	85	37	16	43
1975	79	48	58	35	26	74	28	11	39
1976	91	57	63	46	25	54	48	16	33
1977	93	51	55	64	35	55	65	32	49
1978	80	52	65	63	34	54	48	20	42
1979	65	43	66	71	27	38	54	19	35
1980	94	55	59	79	37	47	59	16	27
1981	95	54	57	85	39	46	64	22	34

GEO. A. WELCH & COMPANY
LEVESQUE, MARCHAND, BOULANGER & CIE
CHARTERED ACCOUNTANTS COMPTABLES AGRÉÉS
OTTAWA HULL BELLEVILLE CORNWALL PEMBROKE PICTON GATINEAU

4TH FLOOR.
141 LAURIER AVE. W.
OTTAWA, ONT.
K1P 5J3

AUDITORS' REPORT

To the members of

THE NATIONAL DENTAL EXAMINING BOARD OF CANADA

We have examined the balance sheet of The National Dental Examining Board of Canada as at September 30, 1981 and the statements of income and surplus for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as we considered necessary in the circumstances.

In our opinion these financial statements present fairly the financial position of the board as at September 30, 1981 and the results of its operations for the year then ended in accordance with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

Geo. A. Welch & Company

CHARTERED ACCOUNTANTS.

Ottawa, Ontario
October 14, 1981.

NATIONAL DENTAL EXAMINING BOARD OF CANADA

BALANCE SHEET

SEPTEMBER 30, 1981

	<u>1981</u>	<u>1980</u>
<u>ASSETS</u>		
CURRENT ASSETS		
Cash	\$ 3,606	\$ 1,208
Term deposits and marketable securities	302,825	264,825
Accrued interest and sundry receivable	5,527	3,885
Inventory at cost	2,650	3,479
Prepaid expenses	<u>1,482</u>	<u>1,382</u>
	<u>316,090</u>	<u>274,779</u>
OFFICE EQUIPMENT - at cost	26,923	23,902
Less accumulated depreciation	<u>16,984</u>	<u>15,155</u>
	<u>9,939</u>	<u>8,747</u>
	<u>\$326,029</u>	<u>\$283,526</u>
<u>LIABILITIES AND SURPLUS</u>		
CURRENT LIABILITIES		
Accounts payable and accrued liabilities	\$ 22,302	\$ 5,590
Fees received in advance - general	1,525	2,475
- foreign	<u>40,809</u>	<u>34,856</u>
	<u>64,636</u>	<u>42,921</u>
SURPLUS		
General Fund	146,284	143,099
Foreign Dentists Fund	115,109	96,720
Royal College of Dentists (Canada) Fund - note 2	<u>-</u>	<u>786</u>
	<u>261,393</u>	<u>240,605</u>
	<u>\$326,029</u>	<u>\$283,526</u>

Approved by the board:

. Director

. Director

(See accompanying notes)

THE NATIONAL DENTAL EXAMINING BOARD OF CANADA

STATEMENT OF INCOME AND SURPLUS

GENERAL AND FOREIGN DENTISTS FUND

YEAR ENDED SEPTEMBER 30, 1981

(With comparative figures for five months ended September 30, 1980)

	<u>GENERAL FUND</u>		<u>FOREIGN DENTISTS FUND</u>	
	1981	1980	1981	1980
	(12 months)	(5 months)	(12 months)	(5 months)
INCOME				
Fees	\$106,230	\$110,519	\$175,655	\$146,065
Interest earned	23,276	23,236	23,114	7,006
	<u>129,506</u>	<u>133,755</u>	<u>198,769</u>	<u>153,071</u>
EXPENSES (note 1b)				
Meetings and Representatives	-	10,236	-	5,118
Annual meeting - CDA representatives	-	1,705	-	853
Management committee and executive	7,388	-	3,639	-
Representatives	11,026	996	5,431	498
President's honorarium	2,000	-	-	-
	<u>20,414</u>	<u>12,937</u>	<u>9,070</u>	<u>6,465</u>
Grant to C.D.A. Council on Education	15,000	-	-	-
Examination costs				
Written	4,347	674	2,141	337
- translation expenses	1,323	895	1,412	142
- examination expenses	2,503	2,330	1,323	1,165
- evaluation committee	4,512	-	2,223	-
Preclinical and clinical				
- examiner and examination expenses	-	-	82,000	69,616
- University expenses	-	-	6,545	6,500
- evaluation committee	-	-	4,315	-
	<u>12,865</u>	<u>3,879</u>	<u>93,109</u>	<u>78,030</u>
Office administration				
Salaries	47,931	17,931	47,593	17,922
Employee benefits	8,006	3,119	8,006	3,119
Rent	4,961	1,920	4,961	1,921
Printing and office supplies	4,663	1,645	4,662	1,645
Telephone and telegraph	2,346	854	2,345	853
Postage	1,727	660	1,728	661
Maintenance	551	-	551	-
Audit	1,675	1,233	825	617
Insurance	832	254	127	127
Certificate engraving	1,346	1,342	-	-
Miscellaneous	81	131	400	171
	<u>75,160</u>	<u>29,672</u>	<u>71,480</u>	<u>27,035</u>
Legal fees	1,463	269	721	135
Depreciation	2,485	795	-	-
Total expenses	<u>127,207</u>	<u>47,509</u>	<u>180,380</u>	<u>111,662</u>
Excess of income over expenses for year	2,399	71,376	18,389	41,402
Surplus at beginning of year	143,099	71,273	96,720	55,318
Transfer to Reserve Fund of Dentists (Canada) Fund surplus	786	-	-	-
Surplus at end of year	<u>\$146,284</u>	<u>\$143,099</u>	<u>\$115,109</u>	<u>\$96,720</u>
		(See accompanying notes)		
			<u>\$261,323</u>	<u>\$239,819</u>

THE NATIONAL DENTAL EXAMINING BOARD OF CANADA

STATEMENT OF INCOME AND SURPLUS
GENERAL AND FOREIGN DENTISTS FUND

YEAR ENDED SEPTEMBER 30, 1981

(With comparative figures for five months ended September 30, 1980)

	GENERAL FUND		FOREIGN DENTISTS FUND		TOTAL	
	1981	1980	1981	1980	(12 months)	(12 months)
	(12 months)	(5 months)	(12 months)	(5 months)	(12 months)	(5 months)
INCOME						
Fees	\$106,230	\$110,519	\$175,655	\$146,065	\$281,885	\$256,584
Interest earned	23,376	8,366	23,114	7,006	46,490	15,372
	<u>129,606</u>	<u>118,885</u>	<u>198,769</u>	<u>153,071</u>	<u>328,375</u>	<u>271,956</u>
EXPENSES (note 1b)						
Meetings and Representatives	-	10,236	-	5,118	-	15,354
Annual Meeting - CDA and Social Representatives	-	1,705	-	853	-	2,558
Management committee and executive	7,368	-	3,639	-	11,027	-
Representatives	11,026	996	5,431	498	16,457	1,494
President's honorarium	2,000	-	-	-	2,000	-
	<u>20,414</u>	<u>12,937</u>	<u>9,070</u>	<u>6,465</u>	<u>29,484</u>	<u>19,465</u>
Grant to C.D.A. Council on Education	15,000	-	-	-	15,000	-
Examination costs						
Written - examiners' expenses	4,347	674	2,141	337	6,488	1,011
- examinations	1,323	825	652	412	1,975	1,237
- evaluation committee	2,503	2,330	1,233	1,165	3,736	3,495
- evaluation committee	4,512	-	2,223	-	6,735	-
Practical and clinical						
- examiner and examination expenses	-	-	-	-	-	-
- University expenses	-	-	82,000	69,616	82,000	69,616
- evaluation committee	-	-	6,545	6,500	13,090	13,000
	<u>12,165</u>	<u>3,159</u>	<u>91,102</u>	<u>78,030</u>	<u>111,127</u>	<u>81,859</u>
Office administration						
Salaries	47,593	17,921	47,593	17,922	95,186	35,843
Employee benefits	8,006	3,119	8,005	3,118	16,011	6,237
Rent	4,961	1,920	4,961	1,921	9,922	3,841
Printing and office supplies	4,663	1,645	4,662	1,645	9,325	3,290
Telephone and telegraph	2,346	854	2,345	853	4,691	1,707
Postage	1,727	660	1,728	661	3,455	1,321
Maintenance	551	133	551	137	1,102	270
Audit	1,412	1,234	1,412	1,234	2,824	2,468
Insurance	1,986	1,732	-	127	1,986	1,732
Certificate engraving	810	341	-	-	1,210	512
Miscellaneous	<u>75,160</u>	<u>29,679</u>	<u>71,480</u>	<u>27,035</u>	<u>146,640</u>	<u>56,714</u>
Legal fees	1,463	269	721	135	2,184	404
Depreciation	2,495	795	-	-	2,495	795
Total expenses	<u>127,207</u>	<u>47,509</u>	<u>180,380</u>	<u>111,669</u>	<u>307,587</u>	<u>159,178</u>
Excess of income over expenses for year	2,399	71,376	18,389	41,402	20,788	112,778
Surplus at end of year	143,099	71,723	96,720	55,318	239,819	127,041
Transfer to Royal College of Dentists (Canada) Fund surplus	-	-	-	-	786	-
Surplus at end of year	<u>\$146,284</u>	<u>\$143,099</u>	<u>\$115,109</u>	<u>\$ 96,720</u>	<u>\$261,393</u>	<u>\$239,819</u>

(See accompanying notes)

NATIONAL DENTAL EXAMINING BOARD OF CANADA

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 1981

1. ACCOUNTING POLICIES

The accounting policies of the Board are in accordance with generally accepted accounting principles. Outlined below are those policies that are considered particularly significant.

a) Fees are recognized as income in the fiscal period in which the exams are written or in which the certificates are issued.

b) Expenses which are deemed to be common to both the General Fund and the Foreign Dentists' Fund have been allocated between the funds in the ratio of two-thirds to the General Fund and one-third to the Foreign Dentists' Fund, with the exception of salaries, employee benefits and certain office expenses which have been allocated one-half to each fund.

c) Fees charged to candidates for laboratory use and instrument and handpiece rentals are collected by the Board and remitted directly to the universities. These amounts are not shown in the financial statements.

2. ROYAL COLLEGE OF DENTISTS (CANADA) FUND

No fees were earned or expenses incurred relating to the Royal College of Dentists (Canada) Fund during the year ending September 30, 1981. As of November 3, 1980 the Royal College of Dentists (Canada) Fund surplus has been incorporated with the General Fund surplus.

THE ROYAL COLLEGE OF DENTISTS OF CANADA
ANNUAL REPORT TO
CANADIAN DENTAL ASSOCIATION
MARCH 12 - 13, 1982

I welcome this opportunity to address the Board of Governors of the Canadian Dental Association with respect to the activities of the Royal College of Dentists of Canada during the past year.

The 1981 Annual Meeting, Convocation (at which nine Fellowships and four Honorary Fellowships and 28 Memberships were awarded) and bi-annual symposium were held in Calgary, Alberta from August 28 to September 1.

At the Annual Meeting, a new president, Dr. J.H.P. Main, Professor of Oral Pathology, Faculty of Dentistry, University of Toronto, and Vice-President, Dr. K.J. Paynter, Director of Special Studies, Medical Research Council of Canada, were elected to two-year terms of office. Dr. Main succeeded retiring President, Dr. Norman Levine. Dr. G.S. Beagrie, a former president of the College, and Dean, Faculty of Dentistry, The University of British Columbia, was appointed representative to the Canadian Dental Association Council on Education.

At the request of the Canadian Dental Association, the symposium on Dentistry for the Disabled (in recognition of the International Year of Disabled Persons) was arranged to coincide with the National Convention and Annual Meeting of the Board of Governors. Six dental specialists of international reputation were invited to address various aspects of dentistry for the disabled to Fellows of the College and members of the CDA. Health and Welfare Canada and the Alberta Heritage Foundation for Medical Research generously provided financial assistance for the symposium, the papers from which were published in the October issue of the Journal.

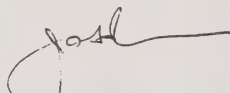
The Fellowship examinations were held in Toronto on December 5 and 6, 1981. Of the 12 candidates who sat the examination in five dental specialties, nine were successful and will have Fellowship conferred on them at the May 8, 1982 Convocation to be held at Hart House,

University of Toronto.

The new Membership examination (formerly the Part I examination) was introduced with great success in June 1981 by the College in co-operation with the National Dental Examining Board of Canada. This year, the examination will be held June 19 and 20; thus far, 23 candidates in eight dental specialties have applied to sit the examination, successful completion of which will enable the candidates to become Members of the College. Of significance is the fact that seven of the 10 provinces now accept this examination as a means to obtain specialty certification, thus encouraging the College's interest in establishing a single national standard for the dental specialties. It is, therefore, the hope of the NDEB and the RCDC that the three remaining provinces will follow suit.

Since the introduction of the Membership category in June 1981, 108 dental specialists have applied for Membership in the College. The College intends to support this trend toward increasing its membership in order to broaden the base of its representation of dental specialists in Canada.

To coincide with the National Convention and Annual Meeting of the Board of Governors of the CDA, the College has arranged its Annual Meeting and Convocation to be held in Toronto May 7 and 8.



J.H.P. Main
President

January 11, 1982

ADOPTION OF REPORT

The Board receives the Report of the Royal College of Dentists of Canada with appreciation.

ANNUAL
MEETING
BOARD OF GOVERNORS
CANADIAN DENTAL ASSOCIATION

OTTAWA, ONTARIO

September 24-25

1 9 8 2

CANADIAN DENTAL ASSOCIATION

BOARD OF GOVERNORS

OFFICERS & OFFICIALS

Chairman of the Board of Governors N.A. Mancini

EXECUTIVE COUNCIL

D.E. Williams, President	P.R. Crawford	J. Laporte
W.R. Thompson, President-Elect	R.N. Hicks	R.D. Sexton
G.E. Utas, Past President	B.W. Holmes	D.L. Thompson

Executive Director: H.E. Drouin

BOARD OF GOVERNORS

ALBERTA:	NEWFOUNDLAND:	PRINCE EDWARD ISLAND:
E.F. Allison	R.D. Sexton	J. Robertson
D.L. Thompson		
BRITISH COLUMBIA:	NOVA SCOTIA:	QUEBEC:
R.N. Hicks	J.S. Christie	J. Laporte
M.J.R. Leitch	ONTARIO:	I. Margoiese
R. Markey	B.W. Holmes	SASKATCHEWAN:
T.E. Ramage	G.E. Pitkin	J.W. Niedermayer
MANITOBA:	K.L. Roach	CANADIAN FORCES DENTAL
P.R. Crawford	R.R. Schiewe	SERVICES:
	E.G. Sonley	
NEW BRUNSWICK:	VETERANS AFFAIRS:	J.N. Wright
R.A. Turcotte	J.C. Tsafaroff	HEALTH & WELFARE CANADA
		W.R. Bedford

STUDENT REPRESENTATIVE:

Rita Hurley

Recording Secretary: Mrs. P. Cunningham

COUNCIL CHAIRMEN

R.Y. Barolet (Dental Materials & Devices)	Peter Judd (Student Affairs)
J.W. Bradey (Ethics)	Y. Kamachi (Information Services)
J.E. Durran (Insurance & Investment)	D. McDougall (Constitution & By-Laws)
M. Gornitsky (Hospital Services)	D.J. Yeo (Education)
H.W. Horsman (Health Care)	G.E. Utas (Nominations)

OBSERVERS

CDA STAFF:

D.V. Chatwin, Director of Accreditation	J. Scrimger, Business Manager
A. Hammell, Director of Communications	L. Teteruck, Director of Education

<u>NAME</u>	<u>REPRESENTING</u>
E.R. Ambrose	University of Saskatchewan
J.F. Begin	Canadian Forces Dental Service
Kenneth Bentley	McGill University
Ian Bennett	Canadian Academy of Paedodontics
Linda Berry	Canadian Dental Hygienists' Association
Ralph Brooke	University of Western Ontario.
K.D. Butler	Canadian Dental Services Plans Inc.
D.V. Chaytor	The Association of Prosthodontists of Canada
G.F. Copithorne	Canadian Dental Services Plans Inc.
K. Croft	College of Dental Surgeons of British Columbia
Tom Curry	Canadian Society of Public Health Dentists
Jacques Dufour	Gouvernement du Quebec
A.R. Elgeneidy	Canadian Academy of Oral Pathology
J. Gillies	Ontario Dental Association
T.J. Gushue	Newfoundland Dental Society
G. Kravis	National Dental Examining Board
B.P. Martinello	Alberta Denta Association
Dave M. McLeod	Student Governor-Elect
C.H. McCormick	Manitoba Department of Health
Gary Macdonald	Newfoundland Dental Association
J.A.P. Main	Royal College of Dentists of Canada
K. Pownall	Royal College of Dental Surgeons of Ontario.
D. Pamenter	Nova Scotia Dental Association
G.H. Peacock	College of Dental Surgeons of Saskatchewan
D.B. Smith	Ontario Dental Association
Gene D. Solmundson	Manitoba Dental Association
A. Schwartz	University of Manitoba
J.G. Thompson	New Brunswick Dental Society
G.G. Turner	Nova Scotia Dental Association
R. Thordarson	College of Dental Surgeons of British Columbia
B. White	College of Dental Surgeons of Saskatchewan
R.D. Wenn	Dental Association of P.E.I.

NOTE: The above names were listed in the Registry Book
which was made available in the Board Room

PRESIDENT'S REPORT
CDA BOARD OF GOVERNORS
September 24, 1982

Mr. Chairman, Colleagues:

Good morning and welcome to the annual meeting of the Board of Governors. Thank you for arriving so bright and chipper!

I would like to direct a special welcome to our corporate member from the Canadian Forces Dental Services. Last March it was Colonel James Wright who participated in the Board meeting. Today it is Brigadier General James Wright who has assumed the position of Director General of Dental Services for the Canadian Forces, succeeding our President-Elect Dr. Bill Thompson. I'm sure you join me in adding our congratulations and welcoming Brigadier General Wright to the meeting.

I will attempt to be brief because in reality the content of the Board book detailing our works and projects speaks for itself.

The message I have attempted to carry across the country during my term as President is "communication". I have tried to open doors to as many areas as possible every time I have a chance to meet with individuals or organized groups.

The most recent "communications meeting" took place this morning as we met with the Chairmen of all the Councils for breakfast and exchanged views.

Communications was our aim when we met for the first time in the history of the three year old organization of Provincial Dental Directors just last week in Charlottetown. One of the

PRESIDENT'S REPORT

primary suggestions proposed by the Provincial Directors is to establish a direct liaison between the provincial representatives to the CDA Council on Health Care with their respective provincial dental directors. I therefore urge corporate members to follow this up.

A real and serious concern is the membership campaign. We recognize the problems we are going to face, specifically in the voluntary provinces, and we are aware and addressing that issue. We also look to our Ontario and Quebec representatives on CDA councils and committees to help us make this campaign a success.

One practical concern we are facing is the shortage of fluoride. It is currently expected the shortage will be short term, but questions are being raised across the country as to how the profession proposes to meet the situation. While a position paper is being prepared, you are aware that there is a rinse program in many schools. The jell is being applied twice yearly in dental offices. We, of course, recommend the use of fluoride toothpaste and the practice of good oral hygiene including brushing and flossing. Perhaps we are better advised to suggest that local dental societies monitor their situation and if the shortage is prolonged, advise parents to seek fluoride supplements for their children from their dentist.

We had an excellent meeting with the American Dental Association with a wide ranging exchange of ideas and information. One of the programs they have agreed to share with us is a new

PRESIDENT'S REPORT

marketing access program which will be conducted on a state level and is designed to raise dental awareness and ultimately increase the productivity of dentists.

As many of you are aware, and as reported in the national media yesterday, we presented a brief to the House of Commons Finance Committee, specifically the Standing Committee on Banking, Trade and Economic Affairs on Wednesday, reiterating our opposition to the proposed taxation of employer-paid dental plans. We were given an hour and 15 minute hearing.

We will copy that brief to the Ministers of Finance, and Health and Welfare and Members of Parliament.

You have all received copies of the Report of the Ad Hoc Committee on Nation Health Strategies from Health and Welfare Canada. CDA has been asked for input. If you have not already done so would you please provide us with your comments at your earliest convenience so that the CDA input will be strong and effective.

It is extremely important that as President of any national organization you are fully aware of what is happening in every province throughout the country. This means a great deal of reading from all the sources you can get your hands on across the nation. I was impressed by a column written by G.L. Kristianson, printed in the July edition of the British Columbia Dental Bulletin. Under the head "That's Politics", one paragraph reads and I quote - "Some dentists will recoil with horror from the suggestion they should get involved in politics. They should

PRESIDENT'S REPORT

understand, however, that becoming political doesn't necessarily entail partisan involvement. The college as a whole and its individual members are obligated to assist the government - both the party in power and the official opposition - in understanding the issues that affect the dental health of British Columbians. Dentists, therefore, must be lobbyists. But this is nothing to be ashamed of or afraid of. Any active representation of dental issues will be welcomed by the province's elected representatives. Most politicians realize that they must have expert help if they are to cope with the complex decisions facing them in the area of health care. They need information and the dental profession should make certain it is provided."

End of quote.

Finally, I would like to express my sincere thanks to Gil Utas as he serves in this last Board of Governors meeting. Thank you Gil. To Bill Thompson your new President, I wish him good luck and I offer him my unqualified support. To the Board Members, Executive Council, Councils, Committees, and Affiliated Groups I thank you for your support and strength throughout the year.

A special thank you to the staff.

And to our Chairman Nick, he's the man who must keep these meetings on the rails, act impartially and with integrity. He does all that extremely well and at the same time maintains a sense of humour which so often puts everything into proper perspective. I thank you Nick for everything...except your cigar!

And lastly, I would ask that each of you be as objective and fair as possible as you deal with all the issues in the next two days.

Thank you.

EXECUTIVE

REPORT OF THE EXECUTIVE COUNCIL TO THE 1982 ANNUAL BOARD OF GOVERNORS

Members: Dr. D.E. Williams, Moncton, Chairman
Dr. P.R. Crawford, Winnipeg
Dr. R.N. Hicks, Vancouver
Dr. B.W. Holmes, Kenora
Dr. Jean Laporte, Quebec
Dr. R.D. Sexton, Corner Brook
Dr. D.L. Thompson, Calgary
Dr. W.R. Thompson, Ottawa
Dr. G.E. Utas, Grande Prairie

Council Meetings

Since the March Interim Board of Governors meeting, Executive Council has met on two occasions, namely May 12-13th and July 9-10th, 1982.

Items of Business Requiring Board Action

Management Committee

Appointment of Auditors

RESOLVED:

82.43 *THAT the firm of McCay-Duff & Company
be appointed CDA auditors for the
fiscal year 1982.*

ADOPTED

Budget Projection

The 1983 Budget was reviewed and is appended herewith.

RESOLVED:

82.44 *THAT the 1983 Budget be accepted
as circulated.*

APPENDIX A

ADOPTED

Budget projections were prepared for the years 1984 and 1985 and are included in the documentation for information.

Items of Business Requiring Board ActionMembership Fee Increases

Fee increases were considered for the year 1984 and it is

RESOLVED:

82.45

THAT a fee increase of \$25 in active and affiliate membership dues be approved, to be effective in 1984; and

THAT such increase be prorated for the other membership categories.

ADOPTED

Per Diems

Council reviewed the current rates for per diem payments and suggested that the rates should be upgraded.

RESOLVED:

82.46

WHEREAS there has been no increase in per diem rates since 1979;

THAT the per diem rates be raised \$50 as follows:

<i>President (\$350)</i>	<i>- \$400</i>
<i>Exec. Council (\$300)</i>	<i>- 350</i>
<i>Council Chairmen (\$200)</i>	<i>- 250</i>
<i>Surveyors (\$100)</i>	<i>- 150</i>

to be effective September 26, 1982.

ADOPTED

Membership Fees & Per Diems

On a motion from the floor, it is further

RESOLVED:

82.47

THAT the CDA membership fees and all per diems be reviewed on an annual basis by the Executive Council.

ADOPTED

Items of Business Requiring Board ActionCDSPI Appointments

Executive Council considered names put forth by Ontario and Quebec and it is

RESOLVED:

- 82.48 *THAT the CDA representative from Ontario to the CDSPI Board of Directors be Dr. R.L. Moran, for the calendar year 1983.*

ADOPTED

RESOLVED:

- 82.49 *THAT the CDA representative from Quebec to the CDSPI Board of Directors be Dr. R. Dupont, for the calendar year 1983.*

ADOPTED

Appointment of Council on Insurance & Investment

RESOLVED:

- 82.50 *THAT the Board of Directors of CDSPI be appointed the CDA Council on Insurance and Investments for the calendar year 1983.*

ADOPTED

CDSPI - Succession of Management Committee

The Executive Council has suggested to CDSPI that a mechanism be developed to ensure succession on the Management Committee of CDSPI. It is suggested that rotation should be provided for in CDSPI by-laws and that the matter could be brought to CDSPI corporate members meeting for discussion.

RESOLVED:

- 82.51 *THAT the Board of Directors of CDSPI be requested to provide a formula for regular succession of membership on the Management Committee of CDSPI.*

ADOPTED

Items of Business Requiring Board Action

CDA/ODA 1982 Convention

Executive Council had received a report on the success of the Conjoint CDA/ODA Convention in May of this year and it is therefore

RESOLVED:

82.52

THAT the Canadian Dental Association express sincere thanks to the Ontario Dental Association for the organization of an outstanding Joint Convention in 1982.

Editorial Board

ADOPTED

A number of proposals to restructure the Editorial Board were considered by Executive Council. The following revised terms of reference for the Editorial Board were submitted for consideration.

RESOLVED:

82.53

THAT the terms of reference for the Editorial Board be as follows:

The Editorial Board of the Journal of the CDA shall be comprised of:

- a. the Director of Communications;
- b. the Editor;
- c. four members in good standing of the CDA.

The four dentists shall be appointed annually by the Executive Council to a maximum of six years; one of whom shall be appointed Chairman on an annual basis by the President.

The Editorial Board shall meet at least annually and the Editorial Board shall provide a report to the Executive Council annually.

The Editorial Board shall develop guidelines for the management of the Journal and its advertising content.

The Director of Communications together with the Editor shall exercise full editorial control over the publication of the Journal in accordance with the policies of the Association.

CDA/ODA

Items of Business Requiring Board ActionEditorial Board - continued

Following Board approval, the foregoing revision will be forwarded to the Council on Constitution and By-laws for reworking into the present document.

Product Acceptance Committee Report

The report of the Product Acceptance Committee is appended for information.

APPENDIX B

RESOLVED:

- 82.54 *THAT Beecham Canada Limited be awarded
the CDA Seal of Recognition for
Macleans toothpaste.*

ADOPTED

Ad Hoc Committee - Status of Salaried Dentists

A report from the Ad Hoc Committee and a Minority Report were reviewed as appended. APPENDIX C

Recommendations from the Ad Hoc Committee were considered and it is therefore

RESOLVED:

- 82.55 *THAT the salaried dentists be encouraged
to form their own group; and*

*THAT a committee be formulated to further
delineate the concerns of salaried dentists
and offer recommendations; and*

*THAT the salaried dentists request to
seat a governor on the CDA Board be
refused since there is representa-
tion on the Board at present through
the corporate bodies.*

ADOPTED

Items of Business Requiring Board ActionProposed Office Automation

Documentation regarding a word processing system at CDA headquarters is appended. Council received an explanation on the present status of data collection by outside agents and a demonstration of the proposed equipment.

APPENDIX D

Council agreed that a basic automated system would be a valuable asset to the Association. Consideration was given to the needs of the CDA and the capabilities of the system recommended.

RESOLVED:

82.56

WHEREAS an identified need for improvement in efficiency and economy of time could be met through installation of the proposed equipment;

THAT the Board of Governors approve the purchase of the office equipment as proposed.

ADOPTED

Membership Committee Report

The report of the Membership Committee is appended for information. The Committee has considered a number of recommendations concerning the 1983 membership campaign and held another meeting on August 27th.

APPENDIX E

RESOLVED:

82.57

THAT in the voluntary provinces, graduates who have qualified for the student graduate package be allowed to pay their CDA membership fee in two equal instalments the first year after conversion from student membership.

ADOPTED

RESOLVED:

82.58

THAT with certain exceptions due to economic reasons access to goods and services would bear a differential of up to 50% for non-CDA members.

ADOPTED

Items of Business Requiring Board ActionMembership - continued

Life and Associate Membership applications were approved by the Executive Council as appended.

Specialty Sections - CDA Membership Stipulation

The matter of compulsory membership in CDA as a stipulation for membership in Specialty Sections was reviewed as set forth in the present CDA by-laws. A proposed revision was developed for presentation to the Specialty Sections meeting on September 23rd and is appended for information.

APPENDIX F.

On a motion from the floor, it is

RESOLVED:

82.59 *THAT the mandatory membership requirement for Specialty Sections status be removed from the CDA By-laws;*

THAT only active members of the CDA shall be eligible to serve as representatives to the CDA; and

FURTHER THAT the Council on Constitution and By-laws prepare draft by-laws for Specialty Sections for consideration of the Board of Governors.

ADOPTED

Other matters requiring Board action follow under Council reports. The following items are representative of the activities of the Executive Council since the last Board of Governors meeting.

Matters for InformationAuxiliaries - Update

CDA is making press clipping services available to the CDHA and the CDAA and the Associations will work together in preparation of pamphlets in future to avoid duplications.

The Canadian Dental Assistants Association scheduled their annual meeting in August at the CDA headquarters building in Ottawa.

Matters for InformationAuxiliaries - continued

Drs. Williams and Utas attended the annual meeting of the Canadian Dental Hygienists' Association in Toronto on May 10th and a further meeting was held with the Executive following that meeting.

The following resolution was approved by the CDHA Board of Directors at its Annual Meeting in Toronto:

That the CDHA at this time support dental hygiene practice as an integral part of the dental health delivery system through the delivery of services by dental hygienists as currently defined by the licensing bodies.

CFDE - Relocation

CFDE, at the request of the 1982 Board of Governors to reconsider relocation to Ottawa, have reiterated the position that the Fund will remain in Toronto. Space is being pursued with the Ontario Dental Association.

The report of the CFDE, as submitted to the Board of Governors is appended, and it was noted that there are two vacancies to be filled on the CFDE Board of Trustees. The Governors are asked to approve the entire Board of Trustees.

Convention Committee Report

Plans for the 1983 Convention in Vancouver, September 25-28th are well underway, under the chairmanship of Dr. T.E. Ramage.

It is noted that the Board of Governors meeting will precede the Convention, to be held on September 23-24, 1983 in Vancouver.

Federation Dentaire Internationale

The FDI has requested CDA to submit names of consultants to commissions and the following nominations have been forwarded for consideration:

APPENDIX G

Brig.-Gen. J.N. Wright, Director General, CFDS
Brig.-Gen.(Retired) W.R. Thompson, Pres.-Elect, CDA
Dr. G. Kravis, Registrar, NDEB
Dr. D. Donaldson, Dental Faculty, UBC
Dr. W.R. Bedford, Senior Consultant, Dentistry
Health & Welfare Canada

Matters for InformationGovernment RelationsDental Manpower

CDA has been advised by Health & Welfare Canada of a reduction of inflow of dentists into Canada. This is a direct result of CDA's presentation on Manpower (1981 Transactions, page 268). Correspondence is appended for information.

APPENDIX H

The Federal Government has also shown further interest in the CDA Manpower Studies.

School of Dental Therapy

Correspondence to the Province of Saskatchewan provincial ministers indicating CDA's support for the position taken by the College of Dental Surgeons of Saskatchewan on the relocation of the school to Prince Albert is appended.

The Executive Council continues to support the policy established by the CDA that the school should be located north of the 60th parallel.

Health & Welfare

Executive Council notes that CDA will be working closely with Health and Welfare Canada, through its dental representative to consider a number of problem areas in dentistry relative to native people, such as claim forms, dentures, orthodontics care and the supply side of dentistry. It has been proposed that twice yearly status reports be submitted from the Provincial Associations and regular monthly meetings with Provincial Medical Services Branches are encouraged.

Federal Budget

CDA's opposition to taxation of dental plans is continuing on an active basis and copies of correspondence to the Minister of Finance are appended to the Taxation Committee Report for information.

A copy of the submission of September 22, 1982 to the Standing Committee on Finance, Trade and Economic Affairs on the proposals of the Minister of Finance regarding the taxation of dental insurance as contained in the notice of Ways and Means Motion tabled in the House of Commons on June 28, 1982, is also included for information.

Matters for InformationLibrary/Resource Centre

Information on new acquisitions and other materials in the Resource Centre is being disseminated regularly through the Journal and at Convention booths. The Centre has been making good progress and is being promoted by both word of mouth and by satisfied users of the system. APPENDIX I

Manpower Survey

A recent Manpower Survey Report as submitted by R.K. House and Associates is appended, together with a status report. APPENDIX J

The ACFD has been requested to provide expertise in the assessment of the manpower survey.

The study upon completion will be presented to the Executive Council in November and the Board of Governors March 1983 Interim meeting.

Quality Assurance/Peer Review

Documentation regarding quality assurance/peer review has been distributed to the corporate members over the past few months. Because corporate members have indicated interest in a presentation on this topic, it was suggested that an information session for the corporate bodies could be scheduled to coincide with the Secretaries Conference or the Board of Governors meeting.

Due to scheduling conflicts, the Conference is planned for November 18, 1982 in Ottawa, and a proposed program is appended. APPENDIX K

Staff Appointments

The following appointments to the CDA staff are announced:
Clarence Metcalfe, Editor, CDA Journal
Heather Lang-Runtz, Associate Editor, CDA Journal
Carolyn Hackland, Information Officer

Staff Benefits

A new brochure outlining CDA staff benefits is appended for information. APPENDIX L

Matters for InformationTaxation Committee Report

The report of the Taxation Committee is appended for information. The Joint Professional Committee has met on two occasions since the last Board meeting and is preparing a brief to be presented to the Federal Government which will request improvement in pre-tax retirement arrangements. The inequities existing between the self-employed and the corporate employee, the programs available for self-employed pension contributions in other countries, and the erosion by inflation of present RRSP contributions, etc. will all be addressed in the brief.

APPENDIX M

Correspondence pertaining to CDA's opposition to taxation of dental plans as proposed in the November Federal Budget is appended. Participation has been requested from corporate members and governors to support CDA's stand by contacting their local Members of Parliament.

Respectfully submitted,

Donald E. Williams,
Chairman,
Executive Council

MEETINGS ATTENDED BY MANAGEMENT
COMMITTEE REPRESENTATIVE(S)
SINCE THE 1981 ANNUAL MEETING

- Sept. 27-28/81 - National Students' Conference, Halifax
- Oct. 7 - Meeting with ODA Management Committee, Toronto
- Oct. 15-17 - Management Committee, Ottawa
- Oct. 16 - Meeting with Deputy Minister,
National Health & Welfare
- Oct. 23-27 - American Dental Association Meeting, Kansas City.
Note: Dr. Beagrie was made a Fellow of the A.C.D.
D. Wang, dental student, Univ. of B.C. was
awarded highest prize for table clinics.
- Oct. 29-Nov. 1 - Annual Meeting of Newfoundland Dental Association
- Dec. 15 - Canadian Life & Health Insurance Meeting, Toronto
- Dec. 17 - P.C. Health Critic, J. Hawkes
- Jan. 6/82 - CDHA Executive, Halifax, N.S.
- Jan. 9 - Licensing Authorities Meeting, Vancouver
- Jan. 21 - Minister of Health, Madame Monique Bégin
- P.C. Task Force on the 1982 Federal Budget
- Jan. 22-23 - CDA Management Committee, Ottawa
- Jan. 29-30 - Manitoba Dental Association Annual Meeting
- Feb. 2 - John Evans, Parliamentary Asst. to Min. of Finance
- Feb. 10 - CDHA/CDA Executive Meeting, Halifax, N.S.
- Feb. 11 - W.R. Bedford, Senior Consultant - Dentistry, H.& W.
- Mar. 12 - College of Dental Surgeons of B.C. -
Executive Meeting
- April 2 - Quebec Dental Surgeons Association Executive -
Special Meeting with Management (CDA)
- April 17 - Dental Association of Prince Edward Island -
Annual Meeting
- April 29 - Official Opening of the new Laval University School
of Dental Medicine

Meetings, continued.....

- | | |
|-------------|---|
| May 7-8 | - Ontario Dental Association - Annual Board of Governors |
| May 9-10 | - CDA/ODA Convention, Toronto |
| May 10 | - CDHA Annual Meeting, Toronto |
| May 26-27 | - Les Journées Dentaire du Québec - Annual Meeting |
| June 4-5 | - Nova Scotia Dental Association - Annual Meeting |
| June 9-10 | - Alberta Dental Association - Annual Meeting |
| June 11-12 | - Saskatchewan College of Dental Surgeons - Annual Meeting |
| June 17-19 | - ACFD House of Delegates Meeting |
| June 18 | - Dedication of Expansion of Dental Faculty, Dalhousie University |
| June 25-26 | - Management Committee, Ottawa |
| July 25-26 | - ADA Executive, Chicago |
| July 29-30 | - CFDS Graduation, Camp Borden |
| Sept. 10-11 | - New Brunswick Dental Association - Annual Meeting |
| Sept. 15 | - Provincial Dental Health Directors Meeting, Charlottetown, P.E.I. |
| Sept. 19-21 | - Canadian Medical Association, Saskatoon |
| Sept. 21 | - Specialty Sections Annual Meeting, Ottawa |

FOREWORD

This three year Projection of Revenue and Expense for the Association has been estimated according to the generally accepted accounting principles of conservatism.

It was assumed there would be little change in the economic affairs of Canada. The budget should be reviewed remembering it is based on present information and trends. Considering the published rate of inflation over the past couple of years increases in expenses have been optimistically projected at 10 per cent.

CANADIAN DENTAL ASSOCIATION

BUDGET/PROJECTIONS

AS AT MAY 1, 1982

REVENUE:	Actuals 1981	Budget 1982	Actuals to Date	Budget 1983	Projection 1984	Projection 1985
Fees	\$1,764,772	\$1,736,855	\$1,639,442	\$1,832,235	\$1,832,235	\$1,832,235 I
Gross Advertising	315,312	408,500	136,318	413,750	463,750	508,750
Rental Income	112,383	106,962	36,982	118,921	133,302	151,894
Grants	45,185	36,500	15,000	39,000	39,000	39,000
Publications	42,331	35,000	24,111	50,000	55,000	65,000
Interest	104,902	30,000	26,904	60,000	40,000	40,000
Accreditation	16,300	21,900	13,100	14,600	14,600	14,600
Other Income:						
FDI Rec/Pay	9,272	6,000	5,607	6,000	6,000	6,000
NDHM	20,392	15,000	22,735	22,000	22,000	22,000
Annual Convention	26,929		597			
Foreign Exchange	4,419		2,236			
Miscellaneous	276					
TOTAL REVENUE	<u>\$2,462,473</u>	<u>\$2,396,717</u>	<u>\$1,923,032</u>	<u>\$2,556,506</u>	<u>\$2,605,887</u>	<u>\$2,679,479</u>
ADD Possible increase in 1984 to Active & Affiliate Memberships				\$ 194,875	\$ 194,875	\$ 194,875
				<u>\$2,800,762</u>	<u>\$2,800,762</u>	<u>\$2,874,354</u>

CANADIAN DENTAL ASSOCIATION
BUDGET/PROJECTIONS
AS AT MAY 1, 1982

	Actuals 1981	Budget 1982	Actuals to Date	Budget 1983	Projection 1984	Projection 1985
EXPENSES:						
Salaries & Benefits	\$ 438,949	\$ 514,800	\$ 160,087	\$ 568,028	\$ 590,330	\$ 647,863
Journal	376,993	480,600	132,856	486,058	536,263	587,274 II
General & Administration	296,614	280,300	92,301	314,400	333,200	349,860 III
Travel & Meetings	237,438	257,400	83,885	309,795	332,580	357,152 IV
Property Management	225,697	256,941	87,846	271,200	286,050	302,450 V
Honoraria & Per Diems	168,998	156,625	45,585	173,450	173,450	173,450 VI
Publications	51,813	63,000	37,889	68,000	84,000	95,000
Dental Aptitude Program*	38,459	41,000	19,478	43,500	49,400	49,300
Conferences	48,178	29,500	2,654	27,500	37,500	31,500
Accreditation*	15,009	30,600	18,481	45,000	55,000	45,500
Dental Health Month	29,028	30,000	29,251	45,000	45,000	45,000
Membership Campaign		25,000	8,943	25,000	25,000	25,000
Institutional Advertising		15,000				
Student Affairs		7,000	1,674	11,800	13,500	15,200
FDI Admin. & Congress		6,000	1,487	6,000	6,000	6,000
Annual Convention			7,818			
Unbudgeted Expense	53,344	-	7,500	50,000	50,000	50,000
TOTAL	\$2,000,520	\$2,193,766	\$ 737,735	\$2,444,731	\$2,617,273	\$2,780,549
EXCESS OF REVENUE OVER EXPENSE**	\$ 461,953	\$ 202,951		\$ 111,775	\$ 183,489	\$ 48,805
INCREASE OVER PREVIOUS YEAR				11.2	7.2	6.2

* Financial profiles have been included for information.

** Excess of Revenue over Expense for Projection 1984-85
use Revenue totals after inclusion of fee increase.

CANADIAN DENTAL ASSOCIATION

BUDGET/PROJECTIONS

AS AT MAY 1, 1982

FEE BREAKDOWN:	Actuals	Budget	4 Mth	Budget	Projection	Projection
	1981	1982	Actuals	1983	1984	1985
Active	\$1,536,203	\$1,503,400	\$1,475,649	\$1,559,000	\$1,559,000	\$1,559,000
Corporate	134,513	128,455	87,866	140,935	140,935	140,935
Associate	8,400	7,000	9,025	8,500	8,500	8,500
Affiliate	8,819	8,000	26,600	26,000	26,000	26,000
DAT Program	58,357	70,000	39,672	75,000	75,000	75,000
Student	18,480	20,000	630	22,800	22,800	22,800
TOTAL	\$1,764,772	\$1,736,855	\$1,639,442	\$1,832,235	\$1,832,235	\$1,832,235

MEMBERS BY PROVINCE

	1981 Actuals	1982 to Date	Projections
	Active	Active	Corp.
British Columbia	1,727	1,542	1,725
Alberta	1,057	1,034	1,050
Saskatchewan	324	311	320
Manitoba	429	404	425
Ontario *	2,500	2,400	4,700 RCDS
			3,850 ODA
Quebec *	1,181	1,196	2,050 ODQ
			2,000 QDSA
New Brunswick	215	184	200
Nova Scotia	309	312	310
Prince Edward Island	42		40
Newfoundland	127	126	125

* Active Membership for Quebec and Ontario was estimated from reported membership figures of the past few years.

CANADIAN DENTAL ASSOCIATION
BUDGET/PROJECTIONS
CDA JOURNAL

	Actuals 1981	Budget 1982	4 Mth Actuals	Budget 1983	Projection 1984	Projection 1985
REVENUE:						
Gross Advertising	\$ 300,744	\$ 395,000	\$ 123,102	\$ 400,000	\$ 450,000	\$ 495,000
Sale of Reprints	539	1,000	498	1,000	1,000	1,000
Journal Subscription	14,029	12,500	12,718	12,750	12,750	12,750
TOTAL REVENUE	<u>\$ 315,312</u>	<u>\$ 408,500</u>	<u>\$ 136,318</u>	<u>\$ 413,750</u>	<u>\$ 463,750</u>	<u>\$ 508,750</u>
EXPENSE:						
Agency Commission	\$ 40,092	\$ 53,100	\$ 15,410	\$ 55,000	\$ 62,437	\$ 68,681
Sales Commission	4,334	7,500	2,858	5,933	6,526	7,178
Salaries & Benefits	38,425	45,000	12,560	75,625	83,200	91,505
Layout	1,684	4,500	838	4,000	4,400	4,840
Printing	209,167	255,000	73,916	235,000	258,500	284,350
Shipping	10,795	11,000	3,929	15,000	16,500	18,150
Postage	38,100	60,000	12,065	44,000	48,400	53,240
Travel	3,960	4,500	272	4,500	4,500	4,500
Translation	10,201	8,000	4,488	15,000	16,500	18,150
Sundry	4,995	5,000	2,357	8,000	8,800	9,680
Brokerage	98	500	49	500	500	500
Audit - CCAB	952	3,500	966	2,500	2,500	2,500
Scientific Editors	6,300	12,000	1,425	10,000	12,000	12,000
Reprint Expense	533	2,500	231	1,000	1,000	1,000
Telephone	2,959	3,500	1,492	5,000	5,500	6,000
Bad Debt Expense	4,398	5,000		5,000	5,000	5,000
TOTAL EXPENSE	<u>\$ 376,993</u>	<u>\$ 480,600</u>	<u>\$ 132,856</u>	<u>\$ 486,058</u>	<u>\$ 536,263</u>	<u>\$ 587,274</u>
EXCESS OF REVENUE OVER EXPENSE	<u>\$ (61,681)</u>	<u>\$ (72,100)</u>		<u>\$ (72,308)</u>	<u>\$ (72,513)</u>	<u>\$ (78,524)</u>

CANADIAN DENTAL ASSOCIATION
BUDGET/PROJECTIONS
GENERAL & ADMINISTRATION SCHEDULE

	Actuals 1981	Budget 1982	4 Mth Actuals	Budget 1983	Projection 1984	Projection 1985
Office Equipment:						
Rental & Servicing	\$ 17,716	\$ 25,000	\$ 10,010	\$ 28,000	\$ 28,000	\$ 30,000
Purchases & Repair	9,046	10,000	6,765	10,000	10,000	10,000
Insurance	7,767	10,000	2,631	10,000	10,000	10,000
Office Supplies	19,476	18,000	6,111	19,800	21,800	24,000
Postage	21,451	36,000	9,703	36,000	39,600	43,560
Shipping & Delivery	14,815	5,000	1,423	6,000	7,000	8,000
Telephone & Telegraph	45,353	35,000	16,534	50,000	55,000	60,000
Translations	5,240	10,000	3,431	12,000	13,500	14,000
Data Processing	28,343	27,800	5,809	30,000	33,000	36,300
Printing & Duplicating	39,249	30,000	5,680	33,000	36,300	40,000
Professional Services:						
Audit	7,300	8,500	-	8,000	8,000	8,000
Legal	15,800	12,000	2,963	11,000	12,000	13,000
Consultants	16,483	20,000	2,301	20,000	20,000	20,000
Grants/Sponsorship	28,719	21,400	14,914	25,000	25,000	25,000
Subscriptions	1,335	2,000	776	2,000	2,000	2,000
Other:						
Dep. Furn. & Fixt.	7,577	7,600	2,526	7,600	6,000	-
Misc. Other Expense	9,024	2,000	1,362	5,000	5,000	5,000
Personnel Advertising	423	2,000	41	1,000	1,000	1,000
Bad Debt Expense	797					
TOTAL	\$ 295,914	\$ 282,300	\$ 93,000	\$ 314,400	\$ 333,200	\$ 349,860

CANADIAN DENTAL ASSOCIATION

BUDGET/PROJECTIONS

TRAVEL & MEETING

	Actuals 1981	Budget 1982	4 Mth Actuals	Budget 1983	Projection 1984	Projection 1985
Executive Council	\$ 26,941	\$ 35,000	\$ 13,358	\$ 36,765	\$ 39,780	\$ 43,030
Management Committee	28,948	25,000	5,323	24,510	26,600	28,800
Membership Committee	207	1,000		9,540	10,320	11,160
Taxation Committee	1,582	2,500		2,500	2,500	2,500
Product Acceptance Comm.	5,511	2,000	1,864	4,000	4,000	4,000
Editorial Board	1,911	2,500		5,000	5,400	5,900
Editorial Staff				3,870	4,200	4,560
President's Expense	29,191	20,000	7,044	21,300	23,200	25,300
SUB TOTAL	\$ 94,291	\$ 88,000	\$ 27,589	\$ 107,485	\$ 116,000	\$ 125,250
Council on Education	8,526	10,000		14,175	15,300	16,500
DAT Committee	7,692	14,000	1,079	14,190	15,400	16,720
Cont. Educ. Comm.	-	3,000		3,380	3,500	3,840
Council on Health Care	13,608	17,000	210	21,600	23,400	25,350
Sub Comm. action		5,000		5,000	5,000	5,000
Council on Hosp. Serv.	5,213	7,000	4,225	8,640	9,360	10,140
Dental Mat. & Devices	6,717	8,000		12,420	13,520	14,400
Constitution & By-Laws	-	2,500	2,416	3,225	3,500	3,800
Council on Nominations				1,000	1,000	1,000
Council on Ethics	-	5,400		3,870	4,200	4,560
Council on Info. Serv.	6,498	7,000		7,740	8,400	9,120
Council on Stud. Affairs	11,608	12,500	6,081	12,505	13,580	14,740
Convention Chairman				1,485	1,620	1,770
Board of Governors	38,491	40,000	24,734	44,400	47,920	51,762
Pres. & CEOs/Spec. Sects.	6,281	5,000	6,575	13,680	14,880	16,200
	\$ 198,925	\$ 224,400	\$ 73,504	\$ 274,795	\$ 296,580	\$ 320,152
Staff Travel	38,513	33,000	10,381	35,000	36,000	37,000
	\$ 237,438	\$ 257,400	\$ 83,885	\$ 309,795	\$ 332,580	\$ 357,152

CANADIAN DENTAL ASSOCIATION
BUDGET/PROJECTIONS
PROPERTY MANAGEMENT

REVENUE:	Actuals 1981	Budget 1982	4 Mth Actuals	Budget 1983	Projection 1984	Projection 1985
C.Ph.A. - 5,110 sqft.	\$ 48,506	\$ 45,990	\$ 15,517	\$ 47,930	\$ 47,930	\$ 60,204
Alcron - 2,919 ""	23,166	21,892	7,787	23,595	32,109	32,109
CCHA - 2,664 ""	24,472	23,310	8,217	23,310	26,917	31,968
RCFC - 918 ""	7,505	7,345	2,604	10,098	10,098	10,480
Clen- denning - 300 ""	2,679	2,550	900	2,550	3,300	3,300
Fed. of Med. Women - 125 ""	1,375	1,375	476	1,375	1,500	1,500
ODS - 100 ""	900	900	300	900	900	900
Parking	3,780	3,600	1,180	3,500	4,200	4,200
TOTAL REVENUE	\$ 112,383	\$ 106,962	\$ 36,981	\$ 113,258	\$ 126,954	\$ 144,661
ADD 5% for Escalation Clauses				5,663	6,348	7,233
TOTAL PROJECTIONS				\$ 118,921	\$ 133,302	\$ 151,894
EXPENSES:						
Depreciation	\$ 49,719	\$ 43,941	\$ 15,622	\$ 49,800	\$ 51,800	\$ 53,800
Mortgage & Interest	66,204	90,000	27,989	90,000	90,000	90,000
Realty Tax	35,638	40,000	17,008	44,000	48,000	53,000
Insurance	3,391	4,000	1,167	4,400	4,800	5,300
Light, Heat, Water	27,130	40,000	14,036	40,000	44,000	48,000
Repair & Maint: Cleaning	12,170	12,500	3,250	12,500	13,750	15,200
Grounds	3,995	5,000	2,545	7,000	7,700	8,500
Supplies	3,962	3,500	592	3,500	4,000	4,400
Lge Equip.	19,448	15,000	4,040	15,000	16,500	18,200
Misc.	4,041	3,000	1,597	3,500	3,850	4,250
TOTAL EXPENSES	\$ 225,698	\$ 256,941	\$ 87,846	\$ 269,700	\$ 284,400	\$ 300,650
EXCESS OF EXPENSE	\$ 113,315	\$ 149,979		\$ 150,779	\$ 151,098	\$ 148,756

SCHEDULE V

CANADIAN DENTAL ASSOCIATION
BUDGET PROJECTION
PER DIEMS

	Actuals 1981	Budget 1982	4 Mth Actuals	Budget 1983/84/85	
Executive Council	\$ 39,666	\$ 30,000	\$ 10,120	\$ 44,850	(4 x 3 days @ \$3,200 (Annual Convention - \$6,450 per yr (6 x 2 days @ \$1,100 (20 days additional travel (@ \$700 (2 members)
Management Committee	37,644	31,740	7,050	27,200	
Membership Committee	450	900		2,900	2 x 2 days @ \$1,450
Taxation Committee	1,084	900		1,750	5 days @ \$350
Product Accept. Comm.		400		500	3 days @ \$250
Editorial Board	200	1,000		2,600	2 x 2 days @ \$650
Editorial Staff					
President's Expense	23,367	23,335	6,600	20,000	50 days additional travel & meeting expense @ \$400
SUB TOTAL	\$ 102,411	\$ 88,275	\$ 23,770	\$ 99,800	
Council on Education	1,500	3,600		2,400	4 days @ \$600
DAT Committee	1,650	1,500		1,200	2 days @ \$600
Cont. Educ. Committee		500		-	
Council on Health Care	2,250	2,000		3,600	2 x 3 days @ \$600
Sub Committee Action				-	
Council on Hosp. Serv.	1,600	2,000	1,300	3,600	2 x 3 days @ \$600
Dental Mat. & Devices	1,000	1,000		1,200	2 days @ \$600
Constitution & By-Laws	400	500	650	1,200	2 days @ \$600
Council on Nominations		300		400	contingency
Council on Ethics		1,000		1,200	2 days @ \$600
Council on Inform. Serv.	2,350	2,500		2,400	2 x 2 days @ \$600
Council on Student Aff.	3,250	1,500	400	2,400	2 x 2 days @ \$600
Convention Chairman				750	3 days @ \$250
Board of Governors	20,587	19,000	8,150	21,300	2 x 3 days @ \$3,550
	\$ 136,998	\$ 123,675	\$ 34,270	\$ 141,450	
Honoraria	32,000	32,000	10,665	32,000	
	\$ 168,998	\$ 155,675	\$ 44,935	\$ 173,450	12% increase over 1982 Budget

CANADIAN DENTAL ASSOCIATION
BUDGET/PROJECTIONS

NOTES

REVENUE:

The FEE BREAKDOWN, Schedule I, shows membership figures used to project Active and Corporate rates at present fee amounts, however, proposed fee increases for students and the DAT Program have been incorporated.

GROSS ADVERTISING - Amounts reflect a 12.5% increase to the Rate Card for 1984 and a projected requirement increase of 10% in 1985.

RENTAL INCOME - Increases reflect leases expiring being renewed at minimums of \$11 per sq. ft. up to December 1983 and \$12 per sq. ft. after that date; 1984/85 parking amount incorporates a considered increase for indoor parking from \$25 to \$30.

GRANTS - Projected as:

\$15,000 for under grad/post grad accreditation programs from NDEB
\$ 4,000 for Product Acceptance Program
\$20,000 for Student Table Clinic, Student Conference, Teaching
Conference from CFDE
<u>\$39,000</u>

365

INTEREST - Projections have been increased in 1983 to reflect the continued high rates and modified in 1984/85 due to an expected decrease in cash for investment purposes.

ACCREDITATION - Revenue was projected under the assumption that the five year payment plan through ACFD will continue after the 1982/83 year and that there will be a minimum of \$3,000 direct invoicing per year.

EXPENSE:

SALARIES & BENEFITS - Projected amounts include the possibility of adding one more senior staff member and yearly increases of 10%. It should be noted that salaries and benefits for the Editor, the Associate Editor and the Sales Manager are reported in Journal Expenses and the projected increases in this area reflect the addition of staff.

EXPENSE:

GENERAL & ADMINISTRATION - Equipment leasing agreements are stabilizing some costs but generally 10% increases have been assumed. For areas over budgeted in 1982 we are assuming no change in 1983.

Areas such as telephone expense are unpredictable as costs escalate depending on crisis and such things as postal strikes.

Miscellaneous other expense includes coffee supplies for meetings and staff, photography, Christmas expense, etc.

TRAVEL & MEETING - Expenses were based on the following calculations:

Averaged air travel X nos. of persons X no. of meetings

Living expense * X nos. of persons X no. of meeting days

	<u>1983</u>	<u>1984</u>	<u>1985</u>
Average economy air fare	345	380	420
Hotel	85)	94)	103)
Meals & Misc.	50)	50)	50)
Taxis	15)	16)	17)

* Living Expense includes hotel, meals & misc., taxis

HONORARIA & PER DIEMS - Have been estimated including a \$50 increase per day starting in 1983. Annual increases have not been considered. Per diems formerly paid representatives to the FDI Congress have not been included.

Management Committee has been estimated at six meetings plus 20 days extra travel.

President's expense for extra travel was based on 50 days.

EXPENSE:

PROPERTY MANAGEMENT - Depreciation (1) and Mortgage & Interest (2) Expense is not chargeable as a tenancy cost but is considered a capital expense therefore CDA's occupation expense should be calculated as:

Total Property Management Expense less Depreciation and less Mortgage Expense
net of Income Received

	1983	1984	1985
Total Property Man. Expense	\$269,700	\$284,400	\$300,650
Less: Depreciation	(49,800)	(51,800)	(53,500)
Mortgage & Interest	(90,000)	(90,000)	(90,000)
OPERATING COST	\$129,900	\$142,600	\$157,150
Less: Revenue Received	(118,921)	(133,302)	(151,894)
EXCESS OF EXPENSE OVER REVENUE	\$ 10,979	\$ 9,298	\$ 5,256
÷ CDA sq. ft. 9,990 =	\$ 1.10	\$.93	\$.53
Total Property Management Cost			
less Revenue rec'd ÷ CDA sq. ft.	15.09	15.12	14.89
Difference as Capital Expense	\$13.99	\$14.19	\$14.36

- (1) Depreciation increase was projected on possible major improvements or repairs at \$10,000 1982/83; for fence screen of garbage site as required by City By-law, possible major roof repair and other items such as office renovations.

EXPENSE:

- (2) Mortgage & Interest is projected at a reduction of principle, approximately \$440,000 at \$6,000 per year and an assumed interest rate of 18%. Mortgage renewal February, 1982, was at Bank Prime on a floating basis.

Realty Tax Breakdown

	<u>1981</u>	<u>1982</u>	<u>% Increase</u>
School Boards	\$17,724.13	\$19,695.94	11.13
Regional Council	8,496.54	9,998.62	17.68
City Council	<u>9,417.15</u>	<u>9,696.12</u>	<u>2.96</u>
	\$35,637.82	\$39,390.68	
Tax prior year	<u>(30,663.45)</u>	<u>(35,637.82)</u>	
Increase	<u>\$ 4,974.37</u>	<u>\$ 3,752.86</u>	
Percentage over prior year	16.2%	10.5%	

Misc. Building Expense includes:	Fire equipment inspections	\$ 800
	Universal Alarms to Oct/83	1,200
	Misc. repair, electrical work, etc.	<u>1,500</u>
		<u>\$3,500</u>

CANADIAN DENTAL ASSOCIATION
BUDGET/PROJECTIONS
ACCREDITATION PROFILE

	Actuals 1981	Budget 1982	Budget 1982/83	Projection 1983/84	Projection 1984/85	Total
SURVEY EXPENSE:						
School Survey D/H & D/A	\$		\$ 13,200	\$ 17,960	\$ 3,380	\$ 34,540
School Survey U/G & P/G	10,460		8,670	11,280	20,640	40,590
Fee for Services	<u>2,450</u>		<u>13,200</u>	<u>15,300</u>	<u>11,700</u>	<u>40,200</u>
TOTAL SCHOOL SURVEY	<u>\$ 12,910</u>	<u>\$ 26,300</u>	<u>\$ 35,070</u>	<u>\$ 44,540</u>	<u>\$ 35,720</u>	<u>\$115,330</u>
Hospital Survey	1,399		9,900	11,100	11,970	32,970
Fee for Services	<u>700</u>		<u>3,000</u>	<u>3,000</u>	<u>3,000</u>	<u>9,000</u>
TOTAL HOSPITAL SURVEY	<u>\$ 2,099</u>	<u>\$ 4,300</u>	<u>\$ 12,900</u>	<u>\$ 14,100</u>	<u>\$ 14,970</u>	<u>\$ 41,970</u>
TOTAL SURVEY EXPENSE	<u>\$ 15,009</u>	<u>\$ 30,600</u>	<u>\$ 47,970</u>	<u>\$ 58,640</u>	<u>\$ 50,690</u>	<u>\$157,300</u>
Expense to May 31, 1982		\$ 18,794		LESS 1982 BALANCE		\$ (11,806)
Balance of 1982 Budget		<u>\$ 11,806</u>				<u>\$145,494</u>
					÷ 3	
Survey Expense Rounded			\$ 45,000	AVERAGED EXPENSE		\$ 48,498
Overhead includes				\$ 55,000	\$ 45,500	\$145,500
Salaries & Benefits and Admin.			<u>78,400</u>	<u>86,000</u>	<u>95,000</u>	
TOTAL ACCREDITATION EXPENSE			<u>\$123,400</u>	<u>\$141,000</u>	<u>\$140,500</u>	

CANADIAN DENTAL ASSOCIATION

BUDGET/PROJECTIONS

DAT FINANCIAL PROFILE

REVENUE:	Actuals 1981	Budget 1982	4 Mth Actuals	Budget 1983	Projection 1984	Projection 1985
Test Fees	\$ 58,357	\$ 70,000	\$ 39,672	\$ 75,000	\$ 75,000	\$ 75,000
EXPENSE:						
Printing: Test Supplies	\$ 13,669	\$ 7,000	\$ 1,952	\$ 9,500	\$ 10,000	\$ 11,000
Promotion	1,872	3,500	5,640	3,000	3,500	4,000
New Materials	1,040	3,500		2,500	6,000	3,000
Grading/Processing	6,955	7,500	2,160	8,000	8,500	9,000
Fees for Service	12,683	12,500	8,290	13,000	13,500	14,000
Shipping	2,240	3,000	1,436	3,500	3,900	4,300
Validation Research		4,000		4,000	4,000	4,000
TOTAL DIRECT COST	\$ 38,459	\$ 41,000	\$ 19,478	\$ 43,500	\$ 49,400	\$ 49,300
Travel & Meetings	\$ 7,692	\$ 14,000	\$ 1,079	\$ 10,500	\$ 11,500	\$ 12,500
Salaries & Admin.	36,044	40,457	19,118	44,502	48,952	53,847
TOTAL EXPENSE	\$ 82,195	\$ 95,457	\$ 39,675	\$ 98,502	\$ 109,852	\$ 115,647
EXCESS OF EXPENSE OVER REVENUE	\$ (23,838)	\$ (25,457)	\$ (3)	\$ (23,502)	\$ (34,852)	\$ (40,647)
PROJECTED COSTS FOR OUTSIDE FUNDING						
INTERVIEW VALIDATION						
Work Shops	\$	\$ 5,800		\$ 20,000	\$ 4,400	\$ 6,000
Travel & Meetings				6,000	7,000	7,700
Direct Admin. Cost		2,200		2,500	3,000	3,500
Additional Expenses				3,300	3,900	4,450
		\$ 8,000		\$ 31,800	\$ 18,300	\$ 21,650

REPORT OF THE PRODUCT ACCEPTANCE
COMMITTEE TO THE 1982 BOARD OF
GOVERNORS

Committee Members: Dr. W.B. Chapple, Chairman
Dr. R.Y. Barolet
Dr. G. Nikiforuk
Dr. R. Roydhouse
Dr. W.C. Sturtridge

The Committee on Product Acceptance held two meetings, December 9, 1981 and April 21, 1982 since the last CDA Board meeting in August, 1981.

Committee Approval

Four applications were submitted and considered at the meetings: one new application and three modifications of approved formulae.

New

Following consideration by the committee, it is recommended:

*THAT Beecham Canada Limited be awarded
the CDA Seal of Recognition for
MacLeans toothpaste.*

Modifications

Modifications were approved by the Committee as follows:

- (a) Modification in formula for Lever Brothers Aim toothpaste.
The modification being a change in therapeutication only.
- (b) Colgate's double fluoride dical based toothpaste. The Committee had reservations on fluoride stability data with this application and Colgate was notified if it planned to go ahead with production plans its advertising would have to reflect the product's efficacy as it relates to the stability data submitted. Colgate has since replied with further information that the Committee will deal with at the next meeting in September.

Advertising

At the December 9, 1981 meeting, all advertising on video cassette of the commercials now being shown on television across Canada were reviewed to ensure that the Committee was satisfied with advertising screening procedures.

Company Liaison

The Committee has endeavoured to keep companies interested in the recognition program informed of our intentions and have received delegations from Hoffmann-La Roche Limited on updated information and studies done on the product Xylitol.

Meetings

It was decided that the Committee would meet only twice a year and would only consider a third meeting if a full day's agenda could be filled. The companies in our program have been notified as such.

Respectfully submitted,

W.B. Chapple, Chairman
Product Acceptance Committee

ADOPTION OF REPORT

The Board accepted the Report of the Product Acceptance Committee with appreciation.

REPORT TO THE
CANADIAN DENTAL ASSOCIATION FROM
THE AD HOC STUDY GROUP ON
MEMBERSHIP SERVICES FOR SALARIED DENTISTS

June, 1982

In October 1981, the Canadian Dental Association appointed Dr. T.M. Curry to chair a Study Group to review the status of salaried dentists within the membership structure of the Association.

The Chairman was authorized to approach a number of organizations to solicit members for the Study Group.

These organizations were: (a) the Association of Canadian Faculties of Dentistry; (b) the Association of Government Dentists of Saskatchewan; (c) the Government of Canada; (d) the Ontario Society of Salaried Dentists; and (e) the Canadian Society of Public Health Dentists.

In addition to the above, the Study Group also sought the assistance of the Senior Dental Consultant of the Province of Ontario and the President of the Ontario Society of Public Health Dentists during its meeting held in Toronto on May 7, 1982.

The members of the Study Group were as follows:

1. Dean G.W. Thompson, Faculty of Dentistry, University of Alberta, Edmonton, representing the Association of Canadian Faculties of Dentistry.
2. Dr. Sid Smith, Director of Dental Services, Oxford Regional Centre, Woodstock, Ontario, representing the Ontario Society of Government Dentists.
3. Col. J.N. Wright, Director General, Dental Treatment Services, Department of National Defence, Ottawa, Ontario, representing Federal dentists.

4. Dr. H. Leonard Goldberg, President, the Association of Government employed dentists in Saskatchewan.
5. Dr. T.M. Curry, Provincial Dental Director for Alberta and President of the Canadian Society of Public Health Dentists representing that Society.

In addition, two consultants to the group who attended the Toronto meeting were:

1. Dr. Ken Ryan, Senior Dental Consultant with the Ontario Ministry of Health, who gave invaluable input regarding Health Unit dental staff in Ontario and their particular needs; and
2. Dr. Jim Shosenberg of Oshawa, Ontario, President of the Ontario Society of Public Health Dentists, who gave invaluable assistance to the group and who conveyed the particular concerns of the members of his Society.

The group acknowledges the prompt and courteous assistance of the Executive Director and staff of the Canadian Dental Association in all matters related to the work of the group.

The Study Group also acknowledges the assistance and counsel of Dr. Gil Utas, Chairman, Membership Committee, the Canadian Dental Association.

The Study Group were provided with Letters Patent and By-Laws of the Canadian Dental Association and in addition, the Chairman was provided with copies of letters from members and former members of the Canadian Dental Association outlining concerns regarding both the amount of the membership fees and the perceived lack of services provided for salaried dentists. These letters were not circulated for obvious reasons, however, the concerns contained therein were brought to the attention of the group.

The Chairman was also provided with copies of correspondence between the Honourable Donald J. Johnston, President of the Treasury Board, and

the Executive Director of the Canadian Dental Association relating to the inadequate material relating to salaried and benefits collected by the Pay Research Bureau of the Federal Government, which is used in setting salaries for dentist employees of the Federal Government Departments of Health and Welfare, Veterans Affairs, and the Penetentiary Service. It was noted that this intervention in part was responsible for a settlement being reached in direct negotiations instead of through binding arbitration as was the case for the previous four years for this group.

In Canada, only one provincial dental organization (Ontario) has a salaried membership classification that gives full membership at reduced annual dues. This full membership in the Ontario Dental Association is available to dentists in Ontario who hold a salaried position (employed by government, a hospital, or an educational institution) and who devote at least 80 per cent of their time to it.

The Canadian Dental Association membership categories for individuals number seven: namely, Active, Affiliate, Honorary, Life, Associate, Student, and Supporting. There is no provision for a reduced fee, nor for a salaried membership classification.

A meeting of the Ad Hoc Study Group on membership for salaried dentists was held in Toronto on May 7, 1982 prior to the Canadian Dental Association's annual convention.

The minutes of that meeting are attached as Appendix A.

The following recommendations are the results of the deliberations of the committee:

1. The Canadian Dental Association should facilitate the formation of a group of the Association under Article 15 of the Constitution called the Canadian Association of Salaried Dentists.

Those eligible for membership in this Association shall have at least 80% of their time devoted to a salaried position.

2. Consideration should be given by the Canadian Dental Association to have a member of the Board of Governors designated by this group in lieu of one, or in addition to, the two existing non-voting members from the Federal Government.

There are approximately 15% of the licensed dentists in Canada who derive a significant proportion of their incomes from salaried practice. The Ad Hoc Committee feels that the adoption of these recommendations would facilitate improved communication between this group and the Canadian Dental Association and would serve to make the Canadian Dental Association membership more desirable and may encourage those dentists who have relinquished their membership to re-apply. In addition, such members would then be eligible to participate in the Canadian Dental Association committees and would also meet the requirements for membership in specialty sections.

The committee identified the following as problems:

1. There is a perception amongst salaried dentists that the Canadian Dental Association does not address the particular concerns of dentists in salaried positions.

These concerns are as follows:

- (a) The present committee structure of the Canadian Dental Association is inadequate to address the concerns of salaried dentists.
- (b) It was the consensus of the Ad Hoc Committee that this problem could be resolved by either increased benefits to salaried members or a reduced membership fee.
- (c) A specific concern was expressed about the omission of salaried dentists from the efforts of the Taxation

Committee in relation to continuing education, convention expenses and professional materials in instances where these are not provided by the employing agency.

- (d) Counsel on insurance and investment focuses mainly on the needs of private practitioners and, therefore, the benefits to salaried professionals are limited.
- (e) It is recognized that the Canadian Dental Association is an effective lobbying group, however, the Ad Hoc Committee felt that the focus of their efforts is on benefits for private practitioners. Greater support for and provision of information to salaried professionals would be of greater assistance to this group. Specifically, the compilation of statistics about salaried and benefits and direct support of salary requests is desirable.
- (f) The Canadian Dental Association should investigate the problem of associate provincial license fees because mobility is of great concern to salaried dentists particularly in the Armed Forces, Federal Service and Universities. A mechanism should be in place to enable these dentists to retain their licenses in a province at a nominal rate when they are posted or moved or are moved to another province.
- (g) More emphasis should be placed on topics of interest and concern to salaried dentists at National Conventions and in the Canadian Dental Association Journal; eg. hospital dentistry, education and curricula workshops, taxation for the salaried dentist, general and health care administration, etc.
- (h) In Ontario in particular, it is perceived that the cost of Canadian Dental Association membership outweighs the benefits. This issue may be resolved by the incorporation of a reduced membership fee as has been established by the Ontario Dental Association.
- (i) In Saskatchewan it is felt that unless salaried dentists attain one of the goals mentioned in (b) namely, increased benefits for salaried dentists, they will consider lobbying for voluntary membership in the Canadian Dental Association as is the case in Ontario and Quebec.

- (j) The status of academics (eg. Biomaterials Scientists, etc.) in Faculties of Dentistry, who are now graduate dentists, should be reviewed so that they could be considered as representatives on Canadian Dental Association committees.

The question of the number of dentists who would be considered as "salaried" should be reviewed, especially in the light of recent developments. In Alberta, "an affluent province" only 11 out of 50 new graduates will be non-salaried. This trend in other provinces, particularly in the two voluntary provinces, behoves the Association to look to ways and means of attracting and retaining salaried dentists who may be employed by other dentists, corporations, and so forth.

The 15% figure now used for salaried and academic paid by agencies of government may in the near future be a gross underestimate of the actual situation.

Canadian Dental Association
Ad Hoc Study Group on Membership
for Salaried Dentists

May 7, 1982, Sheraton Centre
Toronto, Ontario

MINUTES

Dr. Curry welcomed the members of the committee and outlined the objectives of the group which were to examine the problems of salaried members of the Canadian Dental Association with a view to preparing recommendations for the parent organization.

Discussion revealed that membership in the Canadian Dental Association in all Canadian provinces, but Quebec and Ontario, is paid conjointly with the license fee. The amount of this fee is reimbursed to members of the Armed Forces but this is not true for provincial salaried dentists or for salaried dentists in Faculties of Dentistry. In Ontario and Quebec, membership in the Canadian Dental Association may or may not be paid for salaried dentists depending on the policies of the individual employing agencies. As well as the differences in the real cost of membership to individual salaried dentists, considerable discussion centred about the value of membership in the Canadian Dental Association. It was felt that the Canadian Dental Association does not in all cases represent the interests of dentists in salaried positions, but concentrates on policies that are a priority to dentists in clinical practice. The result of this is that in provinces where membership is voluntary, a large proportion of salaried dentists have not chosen to join.

The Saskatchewan delegate brought forward several points and prominent among these were that:

- a) Perhaps the philosophy of salaried dentists in certain geographic locations, who work with dental nurses or dental therapists, may be different from that of the Canadian Dental Association; and he expressed the view that the Canadian Dental Association could not perhaps represent such salaried dentists because their

viewpoints were too different and concluded that in such cases these dentists should opt out of membership and form their own organization.

- b) He pointed out that in Saskatchewan over 160,000 patients are being treated by dental therapists, and this programme has been in existence since 1974 -- no direction has come from the Canadian Dental Association for its members engaged in this programme.

The delegate cited Article 14, Section 4, paragraph C of the Letters Patent and By-Laws document as direction to the Canadian Dental Association in this respect.

The above discussion, while entered into by all present, did not get any support when put to a vote by the Chairman.

The Saskatchewan delegate will, as is his right, be submitting a minority report in relation to this matter, as he feels that this is a "benefit" or service that should be extended to the dentists employed by the Government of Saskatchewan.

Additional concerns that were expressed included the following:

1. The Canadian Dental Association should form an association of salaried dentists as a specialty group. This might attract a lot of dentists from Ontario and Quebec, who have dropped their membership to re-join with the national body.
2. This association should be privy to current business of the Canadian Dental Association and feed input, on behalf of salaried dentists to relevant issues.
3. An amalgamation of salaried dentists in provincial positions with those in the Federal service and in academic positions could be considered to negotiate a reduced national and provincial membership fee structure and to act as an advocate for salaried dentists.

4. The Canadian Dental Association Journal could be improved to be more responsive to the needs of salaried dentists and as well continuing education courses for this particular group would be useful.
5. Faculty members of Canadian Dental Schools are unable to sit on Canadian Dental Association committees unless they are members of the Canadian Dental Association.

The positive value of joining the Canadian Dental Association was discussed as well, and it was felt that the Association could have a strong role to play in the following areas:

1. There is great benefit to having a single national body to represent all Canadian Dentists particularly in the area of taxation policy.
2. The support of the Canadian Dental Association could be beneficial in salary negotiations; in collecting statistics and data on salaries and benefits in the work place and constantly updating same.
3. The Canadian Dental Association could provide recommendations about the requirements for a minimum standard of continuing education for all dentists. Those would be useful when salaried dentists are attempting to obtain budget funds for continuing education.

It was decided that recommendations should be made to the Canadian Dental Association that would attempt to alleviate these problems.

MINORITY REPORT

Submitted by Dr. H.L. Goldberg
Member of the Canadian Dental Association's
Ad Hoc Study Group
on Membership for Salaried Dentists

May, 1982

As recorded in the minutes of the Ad Hoc Study Group on Membership for Salaried Dentists held May 7, 1982, in Toronto, I expressed certain feelings which were unsupported by the other committee members present. Because these feelings are so strong and fundamental to my colleagues in Saskatchewan, I informed our Ad Hoc Committee that this Minority Report would be forthcoming.

I stated that the Canadian Dental Association might feel that they cannot represent salaried dentists -- that possibly our philosophical viewpoints are too different. If this be the case, salaried dentists should be free to opt out of membership and form their own organization.

As a case in point, my salaried position in Saskatchewan and forty of my confreres is directly involved with dental treatment provided by dental therapists. Approximately 168,000 patients/year are being treated by this auxiliary group in a public program in Saskatchewan. This auxiliary group, in existence since 1974, is receiving absolutely no dialogue from the Canadian Dental Association such as are the Canadian Dental Nurses and Assistants Association and the Canadian Hygienists' Association viz. Letters Patent and By-laws of the Canadian Dental Association Article XIV, Section 4, Paragraph C. This same group, that apparently does not exist in the eyes of the Canadian Dental Association, also treats numerous patients in federally operated clinics throughout Canada, in a Manitoba Public Health program and even as employees of private practitioners in Saskatchewan and Manitoba. We feel that the Canadian Dental Association's complete lack of recognition of such a group is untenable -- a grave error of omission and a woeful lack of representation to my colleagues involved in these programs.

Further, to quote from a membership recruitment letter dated December 2, 1981, signed by Drs. Brad Holmes and Jean Laporte - "We believe that organized dentistry must work together at both the provincial and federal levels to improve dentistry as a profession and externally to better serve the public". Our President, Dr. Donald Williams in his address to the combined Ontario Dental Association - Canadian Dental Association Convention this past May, was even more eloquent regarding our Association's role in serving the public. I submit that a significant number of this public, namely those treated by dental therapists, are wrongly being ignored by the Canadian Dental Association.

While I can understand the other members of the Ad Hoc Committee's feelings regarding the above because their day-to-day activities preclude such considerations, I do hope that I have convinced the Executive Council and Board of Governors of our concerns re this auxiliary group and their patients and that some positive action might result in the near future resolving the dilemma my group faces.

Minority Report - continued

- 2 -

I feel that all members of the profession support the opinion that the Canadian Dental Association's executive is in the most beneficial position to guide dental politics in Canada, while at the same time provide a forum for ideas, discussion and resolution of problems facing the profession. You have strengthened this feeling by establishing this Ad Hoc Committee and we have agreed on many points as evidenced by our recommendations. This reinforces my confidence that you will keep an open mind in deliberating this minority concern and reach a mutually agreeable solution. We definitely would like to support the Canadian Dental Association because we realize that involvement means strength.

REPORT ON OFFICE AUTOMATION

PREPARED BY: M.J. SCRIMGER,
BUSINESS MANAGER

CANADIAN DENTAL ASSOCIATION

INFORMATION PROCESSING

Current concerns of the Canadian Dental Association with regard to membership promotion and membership eligibility as well as possible future requirements, necessitated a review of our present capabilities to manage the membership file.

Presently our complete membership file is on a computer at a service bureau. Updates (i.e. change of address or addition of members), are accumulated and "batch" processed once a month. Information requirements can be fulfilled with a 24-hr turn around, but within the confines of a rather rigid program which only allows the extraction of information on pre-determined fields. Information desired but not on our program can require a program change or at least a manipulation of the existing program instructions by the service bureau; at great expense to C.D.A.

OUR PRESENT CAPABILITIES

Monthly transactions are as follows:

- 1) Update master file - add, delete, and with some reservations, make changes.
- 2) Produce Journal labels, the Journal Audit Report and a list of pending subscription expiries.

Other requirements produced on request, are as follows:

- 1) Produce a copy of master file - total individual file
information is printed.
- 2) Produce summary listings - one line printing of name and
address.
- 3) Produce labels for mailings.
- 4) Request a blanket change to member code and amount fields -
used during membership campaign for voluntary provinces to
change member status to non member - enables identification
of the newly paid member.
- 5) Produce an annual directory.

Most of the above is a set program, the only variants being selection of type of member and geographical position. There are 23 fields to each individual file and in theory we can request information by any field; however, information is usually required by combinations of fields and presently this cannot always be accomplished without a program change.

SOME REALITIES

Three major problems with having a file at a service bureau are:

- 1) Maintaining file integrity - error factor inherent by multiple
handling of information input.

SOME REALITIES - cont'd

- 2) Possible lack of concern on the part of the service bureau personnel assigned to the account and, in the case of larger bureaus, scattered distribution of responsibility to the customer.
- 3) The overall expense of using the service bureau, particularly the necessary repetition of labour and materials involved in maintaining double records for update and error verification.

Due to CDA's and CDSPI's concern regarding eligibility enforcement and the related necessity to verify member status, we have a demand for immediate access to our records. Because of the increased administration of the FDI membership records, the increased requirements of membership reporting, the need to increase productivity and cut down turn around time between request and implementation of our services, the work load capacity of the present staff and the size of our data base we are faced with a major re-evaluation of our information processing capabilities.

POSSIBLE SOLUTIONS

In order to:

- I) Maintain the present staff level.
- II) Remain within the CDA projected budget for data processing.
- III) Acquire greater efficiency and improve service.

The following alternatives were researched:

POSSIBLE SOLUTIONS - cont'd

1. Remain with present service bureau - upgrade our programming and increase the demand for services (with or without an in-house hook up to supplier via telecommunications).
2. Change service bureaus - necessitates the same upgrading as 1. but could be cheaper.
3. Install a data processing system and handle our information in-house.
4. Do nothing.

DATA CROWN INC.

Presently our data base is housed at Datacrown Inc. This company has expanded in the past couple of years and as a result responsibilities within the organization are more distributed. The consequence to CDA has been a reduction in the attention given our account and a decline in the quality of output. Datacrown has always been expensive, has instituted price increases each year and, as well, has imposed a minimum monthly charge of \$1,500. This firm reviewed our problems a couple of years ago and estimated necessary changes to our programming would cost approximately \$20,000.

Recent requests for estimates and other customer services have shown a great increase in cost and a response time of over 30 days.

OTHER SERVICE BUREAUS

A change of service bureau was investigated and for similar or even less cost per month than our present arrangement we could go through the expense and anxiety of moving our data base from one computer to another. The bureaus under consideration would give us their best possible attention and ultimately we could be assured of top file management; however, there is a great deal of frustration involved in dealing with a service bureau system. Any misunderstanding of the directions sent to a bureau by either party results in lost time and, possibly, in large amounts of useless output which may or may not be paid for directly, but will end up in the overhead expense at cost analysis time.

With the use of a service bureau there remains a lack of control over the most basic processing functions; file update, which creates an image of inefficiency by the lag time involved between the receipt of update information and its application to the file concerned and we still would not have the immediacy deemed necessary without incurring considerable up-front expense.

MASTERS IN OUR OWN HOUSE

The consideration of change leads inevitably to the possibility of in-house installation of a data processing system. Because our file size requires a large storage and handling capacity, investigation soon established that

choices were limited to computers or information processing systems. *** Basically our concern is membership information management, however, to optimize the expense, consideration must be given to possible applications for each section of the Association. For example, because CDA's Council Secretaries are constantly producing agenda, minutes and reports, and in every case there are changes and re-arrangements to be made. The word processing capabilities of the system would speed up production. The Communications Department does much writing and re-writing and while the Journal layout may not be an application at the moment, due to original typed material going to the typesetter directly from editing, there is a possibility of future use of word processing for Journal publication.

*** An information processing system or office information system comprises both data processing capabilities and word processing capabilities.

WHAT IS WORD PROCESSING?

Basically word processing is typing by computer and its greatest advantage is that once the information is placed in the computer's memory, it can be recalled for use time after time. The information can be re-organized and updated with just a few key strokes instead of creating and typing a new document. As a consequence, there is an increase to productivity and there can be an improvement in the quality of work produced.

Office costs are largely labour related and any reduction in the time and effort involved in re-typing due to changes and/or error correction, in duplicating, and in file storage and retrieval will save the Association money. At this point it may be asked - how will the time saved be expended? Electronic processing makes viable, reports and analyses previously impractical because of the required time and expense of production. As an example - list processing programs obtainable with most systems would allow the set up of convention and other meeting information on a project accounting basis giving the co-ordinator of these events immediate information updates.

COST CONSIDERATIONS

To acquire an information system, the total cost can be as low as \$70,000 as it is dependent on the number of work stations and printers purchased. The system presented is not a "bare bones" proposal and project budgeting

...8

is based on an in-place cost of approximately \$100,000. As purchase is the least expensive means of acquisition, this cost estimation is based on capitalizing the purchase price and amortizing it over a five year period. This would commit \$20,000 of the data processing budget per year or, if looked at from a member services viewpoint, it would cost \$1.82 per member per year.

RECOMMENDED

From the foregoing it will be realized that the "do-nothing" option is not to be considered in this presentation. To serve the membership and their interests we need to expand our information processing capability and we should consider that an organization's image or profile is cast by its information producing capability. In my opinion, if we are to do more than maintain a membership list, we are faced with the expense of becoming more immediate whether through the increased use of a service bureau or by bringing our data base in-house with installation of a dual purpose information system.

Throughout these investigations the object was to remain unbiased and base recommendations solely on cost and benefit to the Association. If we obtain control of our information by the installation of an in-house system we can expect to increase our present capabilities by:

...9

- 1) Daily updating of files;
- 2) Preparing a mailing for all members or select members and producing originals for each person;
- 3) Obtaining lists or counts on any combination of the record fields;
- 4) Having "blanket change" and minor program capabilities;
- 5) Obtaining word processing capabilities.

It is my understanding that the list processing software will also enable us to do other CDA program maintenance such as:

1. inventory accounting
2. convention accounting
3. maintenance of personnel records
4. inventory control

It is not anticipated that the installation of an electronic processing system will be the answer to all our problems; however unless the "do nothing" option is chosen we are faced with implementing a change. It is recommended that consideration be given the purchase of a basic information processing system.

BASIC SYSTEM RECOMMENDATION

The Wang System recommended in the appended consultant's report gives us greater production capacity and flexibility and, you will note, is cheaper than the original Wang System proposed. The original equipment list was retained for the cost breakdown.

Although there is a slightly higher cost to adding more terminals and printers after the initial set-up, at this time, consideration should be given to the order of a basic system consisting of:

	<u>Cost</u>	<u>Per Annum Service Charges</u>
The Central Processing Unit	\$42,500	\$ 3,648
One Work Station	6,350	372
One Matrix Printer (1)	7,900	744
One Twin Sheet Feeder	2,650	288
List Processing Software	<u>1,250</u>	<u>N/C</u>
	\$60,650	\$ 5,052
Prov. Sales Tax	<u>4,245</u>	<u>354</u>
	\$64,895	\$ 5,406
Additional Supplies & Set-up Cost (2)	<u>10,000</u>	
	<u>\$74,895</u>	
Purchases Amortized over 5 Years		
Per Annum Cost		<u>\$14,979</u>
Per Annum Costs for 5 Years (3)		<u>\$20,385</u>

- (1) The first addition to the system that might become necessary would be a character or letter "quality" printer. It was determined that the quality of the printer listed would cover

...11

90 percent of our needs and the \$8,000 expense could be allocated to more important CDA requirements.

- (2) Additional supplies consist of disk packs, ribbons, floppy disks, etc.

Set-up costs include electrical contracting, cable cost, possible screening, etc.

- (3) CDA's approved total data processing budget for 1982 was \$35,000; in 1983 \$36,200 has been allocated. The difference between the purchase and servicing costs and the budget will cover paper and other supplies necessary for the system.

REPORT OF THE MEMBERSHIP COMMITTEE

Members: Dr. G.E. Utas, Grande Prairie, Chairman
Dr. B.W. Holmes, Kenora
Dr. R. Hurley, Montreal
Dr. J. Laporte, Quebec
Dr. L. Tompkins, Windsor

Dr. D.E. Williams, President

The newly-formed Membership Committee met on June 24th to consider the 1983 membership campaign. A second meeting was scheduled for August 27, 1982.

1983 Membership Campaign

As a result of the initial meeting, a number of recommendations were offered to the Executive Council for the 1983 Membership Campaign. These included the following proposals:

- a. Improvement in the method of gathering of statistics for membership;
- b. Identification of membership target groups;
- c. Formation of a subcommittee to deal with the issue of new graduate recruitment;
- d. Discussions with officers of ODA to study the feasibility of a conjoint membership campaign to begin in 1983;
- e. Member of Management Committee of the CDA approach the major component societies in Ontario and Quebec;
- f. With certain exceptions due to economic reasons, access to services be different for non-members and members;
- g. Invoices for the CDA membership include a list of member benefits and/or services.

Many other areas were considered, such as the need for office automation equipment to pull needed information, concessions that may be given to new graduates, i.e. staggered payments, and timing for mail-outs for the campaign, etc.

- 2 -

Report of Membership Committee - continued

Membership Statistics

1982 Membership Statistics Report as at July 8, 1982 is appended for information.

APPENDIX I

Life & Associate Member Applications

Life and Associate Membership applications were approved by the Executive Council in May and July, 1982 and are appended hereto.

APPENDIX II

Respectfully submitted,

G.E. Utas, Chairman

APPENDIX I

1982 MEMBERSHIP
AS AT JULY 8, 1982

	<u>ONTARIO</u>	<u>QUEBEC</u>	<u>OTHER</u>	<u>TOTALS</u>
ACTIVE	2,357	1,142	17	3,516
AFFILIATE	51	81	2	134
ASSOCIATE	80	36	67	183
TOTALS	2,488	1,259	86	3,833
WEEK NO. 33	=====	=====	=====	=====

1981 MEMBERSHIP
REPORTED AT WEEK NO. 33

ACTIVE	2,450	1,111	17	3,578
AFFILIATE	56	84	4	144
ASSOCIATE	59	38	61	158
TOTALS	2,565	1,233	82	3,880
	=====	=====	=====	=====
1981 TOTALS	2,586	1,240		

CANADIAN DENTAL ASSOCIATION

LIFE MEMBER APPLICATIONS

The following Dentists have applied for Life Membership:

<u>Name</u>	<u>Province</u>	<u>Year of Graduation</u>	<u>Date of Birth</u>
Dr. George I. Creasy	B.C.	1938	1915
Dr. Robert J. McCarten	B.C.	1944	1917
Dr. Joseph H. Moreau	B.C.	1953	1916
Dr. William G. Newby	B.C.	1925	1904
Dr. Kenneth M. Walley	B.C.	1941	1917
Dr. Rudolph J. Warshawski	B.C.	1943	1916
Dr. J.F.K. Currie	B.C.		1916
Dr. O.T. Bingham	ALTA.	1948	1916
Dr. R.B. Burgman	ALTA.	1942	1915
Dr. F.S. Cleall	ALTA.	1942	1919
Dr. B. Krasnoff	ALTA.	1942	UNKNOWN
Dr. D.B. Mintz	ALTA.	1942	1916
Dr. Alexander H. Cottick	MAN.	1944	1911
Dr. F.C. Lackie	ONT.	1942	1917
Dr. E.F. Racher	ONT.	1940	1915
Dr. S.H. Watson	ONT.	1950	1917
Dr. J.P. Lussier	QUE.	1942	1917
Dr. Gilbert R. Theberge	QUE.	1942	1915
Dr. R.H. Bingham	N.S.	1942	1917
Dr. L.S. Goldberg	N.S.	1941	1918
Dr. T.H. White	N.S.	1941	1916

ASSOCIATE MEMBERSHIP APPLICATION

Dr. D.M. Drysdale has applied for and qualifies for Associate Member status.

REPORT OF THE MEMBERSHIP COMMITTEE

Members: Dr. G.E. Utas, Chairman
Dr. B.W. Holmes, Kenora
Dr. J. Laporte, Québec
Dr. R. Hurley, Montréal
Dr. L. Tomkins, Windsor

Dr. D.E. Williams, President
Dr. W.R. Thompson, President-Elect

This year's membership campaign was conducted with an additional emphasis on personal contact, especially by telephone. Executive Council representatives from the two voluntary provinces led this portion of the campaign in their own provinces with assistance from Governors and other CDA personnel. Many hours were spent in telephone contacts with non-members in different societies with a tabulation of reasons given for not joining CDA. This information is proving valuable in planning this year's campaign.

An increased effort for more personal contact is being made by the Committee. This will involve solicitation of assistance from members and all societies as well as all Governors and members of CDA councils and committees. These are the people with the first-hand knowledge of the value of the national association and are therefore best equipped to inform acquaintances of the need for involvement by all.

A joint campaign with Ontario was discussed, and while there will be considerable coordination of effort this year, it will be next year before a more integrated joint campaign can be undertaken. In Québec, it is not possible to arrange a joint campaign but both the QDSA and the ODQ will be providing further assistance.

The second meeting of the Committee was held on August 27, 1982. The Chairman for next year, who will assume office in October, was present at both meetings to provide input as well as continuity. The President-Elect attended the last meeting as it was felt that his presence at society meetings in the voluntary provinces was very important to the campaign. He is already committed to some meetings and has just returned from one in Northern Ontario.

The agenda for the second meeting covered in greater detail those topics addressed at the meeting in June, as well as receiving and discussing the report of the Subcommittee on New Graduate Recruitment. This subcommittee which is made up of Drs. Lynn Tomkins and Rita Hurley (two recent graduates who were active in CDA affairs on the Council of Student Affairs and as Student Governors) provided valuable first-hand information into the situation faced by new graduates. Their report covered the situation in a very comprehensive manner and provided many suggestions and recommendations for recruitment of what the Committee considered to be an essential area of campaign concentration. If it is possible to attract the new graduates in the first year, it is felt that they will continue to support CDA and provide valuable input for years to come. With this in mind, the Committee considered several possible incentives to help the graduates and encourage them to subscribe.

Membership Committee Report - continued...

After considerable deliberation, the Committee accepted the following resolution: "Be it resolved that in the voluntary provinces, graduates who have qualified for the student graduate package be allowed to pay their CDA membership fee in two equal instalments the first year after conversion from student membership".

Further to this, the Council on Student Affairs will be requested to provide suggestions and cooperation in the recruitment of new grads as well as students and student new grad involvement in future membership campaigns.

It was deemed necessary that a discernable differentiation be made in the provision of services to CDA/Non-CDA members. With this in mind, the Committee adopted the following resolution: "Be it resolved that with certain exceptions due to economic reasons access to goods and services would bear a differential of up to 50% for non-CDA members".

This year's campaign is already under way. The ODA Journal is carrying an editorial by CDA Executive Council member Dr. Brad Holmes of Ontario, entitled "CDA - What's In It For Me". A similar article on CDA membership will be carried in the Quebec Journal, written by Dr. Jean Laporte, CDA Executive member from Quebec.

The installation of improved office equipment at CDA Headquarters will greatly enhance the collection and availability of membership statistics, providing rapid recovery of data essential to a successful membership campaign. While it may be a little late for full effectiveness in this campaign, efforts will be directed toward coordination with the equipment in the voluntary provinces, thereby adding to the value of this equipment in conducting the campaign next year.

The next meeting of the Committee set for November 12th will delineate the details of the proposed campaign. This meeting is to be followed by workshops in Montreal and Toronto for the volunteers who will be assisting in the recruitment. Membership recruitment in the voluntary provinces is a concern of every member of the CDA as well as an obligation to strive for 100% participation by all dentists in Canada to ensure that the CDA continues to provide the dental profession with a powerful national image.

Respectfully submitted,

Gilbert E. Utas, Chairman
Membership Committee

ADOPTION OF REPORT

The Board accepts the report of the Membership Committee with thanks.

SPECIALTY SECTIONS - CDA MEMBERSHIP STIPULATION
PROPOSED REVISION

ARTICLE XV - Terms of Reference
 Section 2

- | | | |
|----------------|-----|---|
| No Change | (a) | All By-laws and Regulations of a Section or Group applicant must accompany the application for Section status for approval by the Board of Governors. Such By-laws and regulations will be available at the Board meeting at which the matter is discussed but will not be distributed in the agenda books or printed in the Transactions. |
| No Change | (b) | All amendments to the By-laws or Regulations of the Section or Group shall be forwarded forthwith to the Constitution and By-laws Council for review. Any conflict with the Constitution and By-laws or Regulations of the Association shall be resolved by mutual consent in consultation with the respective Section or Group. Failure on the part of such Section or Group to amend its By-laws or Regulations to conform with those of the Association may result in loss of Section or Group status. |
| No Change | (c) | The constitution and by-laws submitted with applications for Section or Group status and all proposed amendments to Section or Group constitution and by-laws are to be submitted to the CDA Council on Constitution and By-laws no later than four (4) months preceding the annual meeting of the Board of Governors at which action is to be taken. |
| <u>Amended</u> | * | (d) Membership in a Section or Group shall be determined by the members of that Section or Group. |
| <u>NEW</u> | (e) | At least two-thirds of the membership of a Section must be active members of the CDA. |
| <u>NEW</u> | (f) | Only active members of the CDA shall be eligible to hold office in a Section or to serve as representatives to the CDA. |
| No Change | (g) | A section or Group shall elect from its members a chairman, vice-chairman, secretary and other officers as may be required by the By-laws or Regulations of such Section or Group. |
| No Change | (h) | A Section or Group shall be financially self-supporting. |
| No Change | (i) | The chairman of each Section or Group, or his official representative, shall report annually to the Board of Governors. |

* NOTE: Amended (d) - Omitted - "All active Members of Sections or Groups must be members in good standing of the Canadian Dental Association".

CONSTITUTION & BY-LAWS (1979)

ARTICLE XVIII Sections

Section 2 - Terms of Reference

- (a) All By-laws and Regulations of a Section or Group applicant must accompany the application for Section status for approval by the Board of Governors. Such by-laws and regulations will be available at the Board meeting at which the matter is discussed but will not be distributed in the agenda books or printed in the transactions.
- (b) All amendments to the By-laws or Regulations of the Section or Group shall be forwarded forthwith to the Constitution and By-laws Council for review. Any conflict with the Constitution and By-laws or Regulations of the Association shall be resolved by mutual consent in consultation with the respective Section or Group. Failure on the part of such Section or Group to amend its By-laws or Regulations to conform with those of the Association may result in loss of Section or Group status.
- (c) The Constitution and By-laws submitted with applications for Section or Group status and all proposed amendments to Section or Group Constitution and By-laws are to be submitted to the CDA Council on Constitution and By-laws no later than four (4) months preceding the annual meeting of the Board of Governors at which action is to be taken.
- (d) Membership in a Section or Group shall be determined by the members of that Section or Group.

All active Members of Sections or Groups must be Members in good standing of the Canadian Dental Association.
- (e) A Section or Group shall elect from its members a chairman, vice-chairman, secretary and other officers as may be required by the By-laws or Regulations of such Section or Group.
- (f) A Section or Group shall be financially self-supporting.
- (g) The Chairman of each Section or Group, or his official representative shall report annually to the Board of Governors.



FEDERATION DENTAIRE INTERNATIONALE
INTERNATIONAL DENTAL FEDERATION

ASSOCIATION DENTAIRE MONDIALE A BUT SCIENTIFIQUE
IN COLLABORATION WITH THE WORLD HEALTH ORGANISATION

CAN/1

16 June 1982

Mr. H. Drouin, Executive Director
Canadian Dental Association
1815 Alta Vista Drive
Ottawa, Ontario K1G 3Y6

HEADQUARTERS OFFICE
64 WIMPOLE STREET
LONDON, W1M 8AL U.K.
TELEGRAM: INDENFED LO
TELEPHONE: 01-935 7852
01-487 4544

Dear Hubert:

Apologies for the delay in replying to your request for information about Canadian Members and Consultants of Commissions. The girl who was asked to prepare the list left our employment and your letter was filed away in the process.

I enclose a printed list where the Canadians are marked. The year indicated is the first year of appointment. Thus, nominations are needed for Professor George Beagrie as consultant to CORE but not as Member and Chairman of the Commission on Dental Education and Practice, for Dr. J. Stamm and Brigadier Gen. W.R. Thompson.

Please note that Dr. T.M. Curry's term is no longer renewable. The same applies to Dr. D.W. Lewis, although his six years have not expired. The Working Group 2 on Dental Caries studies to which he belongs will be discontinued in Vienna since they have finished their work.

My general personal observation is that there must be several more experts in Canada who could usefully represent your profession in the Commissions. You may wish to discuss this with George Beagrie. He is quite familiar with the activities of various Working Groups the names of which are listed at the end of each Commission. I enclose six nomination forms for consultants.

I have also looked at the vacancies (list enclosed) among Commission Members about which we will shortly send a circular letter. There will be two vacancies in CORE, but again you may wish to consult George Beagrie. He cannot hold membership himself in two Commissions and it may be doubtful if any other Canadian colleague has cooperated sufficiently in that Commission to stand a chance in General Assembly in the fierce competition about membership.

With kind regards,

Yours sincerely

J.E. Ahlberg
Executive Director

OFFICES OF THE FDI FALLING VACANT IN VIENNA IN 1982

<u>Vice-President</u>	Dr. M. Pirard (Belgium)	Term expires, eligible for re-election for a three-year term
<u>Councillors</u>	Dr. F.P. Bowyer (USA)	Term expires. Ineligible for re-election due to resignation of American Dental Association (Regs, Chapter V, Section 20).
	Dr. R.M. Ruff (Mexico)	Term expires, eligible for re-election for a three-year term.
<u>Belgian Legal Representative</u>	Dr. M. Pirard (Belgium)	Annual election

COMMISSIONS

<u>Oral Health, Research and Epidemiology</u>	Prof. J. Ainamo (Finland)	Term expires
	Prof. N.C. Cons (USA)	Term expires
<u>Dental Education and Practice</u>	Dr. G. Fordyce (UK)	Term expires, eligible for re-election
<u>Dental Products</u>	No vacancy	
<u>Defence Forces</u>	Lieut.Col. M. Eiffrun (France)	Term expires
<u>Dental Services</u>	Lieut.Col. M. Schroeder (Luxembourg)	Term expires, eligible for re-election
	Brigadier E.D. Stanhope (UK)	Term expires, eligible for re-election

NOMINATION FORM FOR COMMISSION CONSULTANTS/
MEMBERS OF WORKING GROUPS

1. NOMINATING BODY
 2. COMMISSION FOR WHICH NOMINATION IS MADE
 3. WORKING GROUP FOR WHICH NOMINATION IS MADE
 4. NAME OF CANDIDATE
 5. PROFESSIONAL TITLE(s)
 6. NATIONALITY COUNTRY OF RESIDENCE
 7. ADDRESS
.....
 8. IS THE CANDIDATE A SUPPORTING MEMBER? YES/NO
 9. HAS THE CANDIDATE DECLARED THAT HE OR SHE IS
WILLING TO SERVE IN THE OFFICE CONCERNED? YES/NO
 10. PARTICULARS OF THE MERIT AND EXPERIENCE QUALIFYING THE CANDIDATE FOR THE OFFICE
CONCERNED (Not more than 100 words please)
.....
.....
.....
.....
.....
.....
.....
 11. IF YOU ARE NOMINATING A CANDIDATE FROM ANOTHER COUNTRY, HAS THE RELEVANT MEMBER
ASSOCIATION IN THAT COUNTRY BEEN INFORMED?
YES/NO
- SIGNATURE.....
- NAME IN BLOCK LETTERS OR TYPED
- OFFICE HELD IN THE NOMINATING BODY BY THE SIGNATORY
- DATE



Deputy Minister
Health and Welfare Canada

Sous-ministre
Santé et Bien-être social Canada

MAY 7 1982

MAY 8 1982

Your file Votre référence

Our file Notre référence

Mr. Hubert Drouin,
Executive Director,
Canadian Dental Association,
1815 Alta Vista Drive,
OTTAWA, Ontario.
K1G 3Y6

Dear Mr. Drouin:

Re: Dental Manpower

At the June 17, 1981 meeting of the Federal/Provincial Advisory Committee on Health Manpower, you presented a paper indicating your association's concern over a projected oversupply of dentists and auxiliary dental workers based on the improved output of graduates in this field and a levelling off in the demand for services.

I am pleased to inform you that this matter has been brought to the attention of the Conference of Deputy Ministers of Health.

The Canada Employment and Immigration Commission, as a result of a recommendation by the Conference, has agreed to reduce to "0" the occupational demand rating in the selection of immigrant dentists, which was formerly 10 points. In practice, this means that in the future, before a selected immigrant dentist is issued a visa, the application will be passed on to the appropriate provincial department of health for comment. This process will also be applied to foreign dentists wishing to come to Canada on a temporary work permit.

Yours truly,

J.L. Fry



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

OFFICE OF THE PRESIDENT

June 7, 1982

Dr. G.H. Peacock
Secretary-Treasurer, Registrar
College of Dental Surgeons of
Saskatchewan
109 - 514 - 23rd Street East
Saskatoon, Saskatchewan
S7K 0J8

Dear Dr. Peacock:

This letter will confirm that the Canadian Dental Association fully supports the position taken by the College of Dental Surgeons of Saskatchewan on the dental therapy issue.

The Canadian Dental Association also feels that the school of dental therapy should be located in the area where the graduates will be employed, and this is in keeping with the original philosophy of the Association.

Sincerely,

Donald E. Williams, D.D.S.
President

DEW/pc



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

June 22, 1982

The Honourable Graham Taylor
Minister of Health
Province of Saskatchewan
Legislative Building
Regina, Saskatchewan

Dear Mr. Taylor:

I have been directed by my officers to inform you that the Canadian Dental Association fully supports the position taken by the College of Dental Surgeons of Saskatchewan on the dental therapy issue.

The Canadian Dental Association also feels that the school of dental therapy should be located in the area where the graduates will be employed, and this is in keeping with the original philosophy of the Association.

Sincerely yours,

Hubert Drouin,
Executive Director

HD/ssd

Also forwarded to: The Honourable Gordon Currie
Minister of Continuing Education
Province of Saskatchewan



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE
1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

March 9, 1982.

Miss Cathy Briere,
National Indian Brotherhood,
222 Queen Street,
Ottawa, Ontario.
K1P 5N4

Dear Miss Briere:

This will confirm that the Canadian Dental Association executive is anxious to meet with officials of the National Indian Brotherhood to discuss our concerns in ensuring that dental care is provided to the native people of Canada.

Several attempts have been made to arrange a meeting date which is mutually agreeable and while we appreciate that your officials have heavy time demands (as do ours) we will try to find a date that is mutually acceptable. Would you please provide us with any available dates and we will respond promptly.

Thank you for your attention to this matter.

Yours very truly,

HD:dh
b.c.c.: Management Committee

Hubert Drouin,
Executive Director.

CANADIAN DENTAL ASSOCIATION

CDA Representatives: Dr. D.E. Williams, President
 Mr. H.D. Drouin, Executive Director
 Mr. S. Goldstein, CDA Legal Counsel

SUBMISSION TO THE STANDING COMMITTEE ON FINANCE,
TRADE AND ECONOMIC AFFAIRS ON THE PROPOSALS OF THE
MINISTER OF FINANCE REGARDING THE TAXATION OF DENTAL
INSURANCE AS CONTAINED IN THE NOTICE OF WAYS AND MEANS
MOTION TABLED IN THE HOUSE OF COMMONS ON JUNE 28, 1982.

September 22, 1982

PRIVATE DENTAL PLANS

Introduction

Section 1 of the Notice of Ways and Means Motion tabled on June 28, 1982, proposes to revise paragraph 6(1)(a) of the Income Tax Act by deleting the words "private health services plan" from the exception to that provision. This proposed amendment appears to be intended to implement a proposal of the November 12, 1981 Budget to bring into an employee's income for tax purposes the "benefit" supposedly derived by an employee from coverage provided by private health services plans not paid for directly by an employee.

This proposal will have the effect of reducing the level of dental care in Canada with no increase in government revenue or will retard the availability of dental insurance coverage with substantially increased tax costs to lower and middle income Canadians.

The arguments presented by the Minister of Finance in supporting materials to the Budgets of November 12, 1981 and June 28, 1982, in public pronouncements, in correspondence with various organizations including the Canadian Dental Association, and in statements made by officials of the Department of Finance to other bodies of Parliament apparently fall into two (2) categories.

The proposal as argued for by the Minister of Finance is grounded upon "equity" and upon the need to raise additional revenue.

At no time has the Minister of Finance commented in any way upon three (3) other major issues which are of concern to the Canadian Dental Association. These are the significant additional administrative costs of the proposed amendment, the impact on the dental profession and the drastic potential consequences to the level of dental care in Canada. We do not propose to comment on the administrative costs except to say that they will be extensive and can only have the effect of reducing participation in dental plans.

The Canadian Dental Association submits that the arguments placed before the Canadian Public by the Department of Finance are ill founded and will not produce the results that the then Minister of Finance suggested. In addition, the negative impact upon the level of dental care and the additional wasteful, nonproductive administrative expense indicates that the proposal should be completely withdrawn.

Under the current regime of health care in Canada, there

has been a dramatic growth in the number of private dental plans to provide dental coverage.

The Pay Research Bureau 1980 Report of employee benefits and working conditions in Canada shows that over sixty percent (60%) of both office and non-office workers participate in privately funded dental plans. The Wyatt 1979 Group Insurance Survey of non-union salaried employees show similar results with fifty-nine percent (59%) of employers providing dental plans. The Wyatt Survey indicates that in the vast majority of cases, the employer pays all or a substantial part of the cost of those plans.

The numbers of Canadian employees covered by dental plans in 1981 is estimated to be approximately five million (5,000,000) with an additional seven million (7,000,000) dependants being covered.)

The growth and high level of private dental coverage in Canada and the degree to which employers are prepared to pay the full cost of such coverages indicates the perceived need by Canadians for ongoing preventative as well as restorative dental care. It also indicates that the motivation for the establishment and maintenance of such dental plans has largely come from employers who are interested in maintaining a high level of dental health amongst their employees. It should be noted that the coverages have grown substantially in both non-unionized and unionized contexts.

A number of points should be made in connection with the nature of private dental coverages:

1. Dental disease is inevitable in the absence of preventative and restorative care;
2. Dental disease can and does result in reduced productivity and increased incidence and duration of worker absenteeism;
3. Dental care can be viewed as "discretionary" and a "benefit" if one accepts the proposition that it is acceptable from the point of view of the Government, employers, and employees, to permit the inevitable dental and gum disease to go unchecked. The assumption is that whatever employees "get" from private dental coverage is a "benefit". Good dental care is neither discretionary to the employee nor to the employer unless as noted above it is deemed acceptable to permit inevitable dental and gum disease to go unchecked. Dental Care is as essential to productivity and to reduction in absenteeism, as outlays to

ensure safe working conditions. Would expenditures by an employer to remove exposure to urea-formaldehyde be regarded as a "benefit" to an employee?

4. Private dental plan coverages have relieved the public sector from the need to totally fund dental care out of tax revenues. The "cost" to tax revenues has been limited to at most the theoretically foregone tax revenues from what is assumed to be a "benefit" to employees.
5. Private dental coverage permits an ongoing and regular programme of preventative treatment which in the long term substantially reduces the overall cost of maintaining a high level of dental care.
6. Lower and middle income taxpayers account for the vast majority of coverages, premiums and benefits from dental plans.
7. The average use of dental care is not substantially greater for higher income Canadians than for lower and middle income Canadians.
8. Coverages are present in unionized and non-unionized situations, large and small incorporated and unincorporated entities and in all provinces of Canada.

I REVENUE

In general statements contained in the budgets of November 12, 1981 and June 28, 1982, it was suggested that the proposal to tax private health services plans including private dental plans was at least, in part, intended to raise additional tax revenue.

In testimony before the Standing Senate Committee on Banking, Trade and Commerce on May 25, 1982, officials of the Department of Finance indicated that the raising of Revenue was a "contributing factor".

It is submitted, that all of the funds that the proposal would tax are currently being subjected to tax in any event. The employer contributions to private dental plans, though deductible to the employer, are taxable either to the insurance carriers or to dental practitioners.

In the same Hearings before the Senate Standing Committee, the suggestion was made that the "foregone tax revenue" was one hundred million dollars per year. In addition, the following comment

was made by an official of the Department of Finance:

"Although the amount of Revenue costs of the provision is very large in aggregate, the amount per employee is not that dramatic. I would suggest that the average benefit per employee is approximately one hundred, fifteen dollars for the dental plan and sixty-two dollars for the supplementary health plan. This is based on 1981 price and cost data. This amounts to about two hundred dollars per employee. The average combined federal and provincial tax per employee will be no more than thirty percent or thirty-five percent. Therefore the total extra tax we are talking about is sixty dollars to eighty dollars.

The reduction in the marginal tax rates schedule will offset part of this extra burden. There may also be some savings from indexing."

In fact, the additional tax for an employee in the thirty to thirty-five percent (30 - 35%) bracket is more likely to be one hundred dollars (\$100) depending upon the plan in question. This increase is in addition to a variety of other changes which will increase the tax cost to lower and middle income Canadians. In addition, it does not take into account the cost of private health coverage, with which dental coverage is usually coupled.

In correspondence from the then Minister of Finance, The Honourable Allan J. MacEachen, the Canadian Dental Association was informed that in addition, the changes made to the Federal Tax Reduction under Section 122.2, and the amendment to Section 110 permitting the "taxable benefit" from private dental plan premiums to be deductible as a medical expense would protect many tax-payers.

It would appear that if the intention of the Department of Finance was to raise additional revenue, then obviously, the "protection" provided by changes in tax rates, indexing, the changes in the Federal Tax Credit, and the changes in the Medical Expense provisions, cannot totally shelter Canadian taxpayers from the effect of the amendment to Section 6 of the Act making dental plan benefits taxable. To suggest this would imply that several changes in the act have been proposed to produce no tax revenue.

Let us analyze the specific suggestions as to the protection afforded by offsetting changes.

(a) Changes In Tax Schedule

In the November 12, 1981 Budget the then Minister of

Finance proposed that the tax rates applicable should be substantially revised. In fact, no change in rates was proposed for taxpayers with incomes up to approximately thirty thousand dollars (\$30,000). For tax payers with incomes between approximately thirty thousand dollars (\$30,000) and sixty thousand dollars (\$60,000), the tax reductions would amount to approximately five percent (5%) combined federal and provincial tax. For tax payers with incomes in excess of approximately sixty thousand dollars (\$60,000) the tax reductions would amount to between approximately seven and one-half percent (7 1/2%) and fourteen percent (14%).

Thus, to the extent that the changes in the tax schedule provides protection to anyone, the protection is not afforded to the bulk of Canadian taxpayers.

(b) Indexing

The Department of Finance has suggested that protection from the impact of the taxation of dental plan premiums could be afforded through indexing. We quote from the proceedings of the Standing Senate Committee on Banking, Trade and Commerce dated May 25, 1982.

"Senator Godfrey: you are not suggesting that tax can be saved by indexing since it is, surely, just a matter of keeping even. I thought that was the whole principle.

Mr. Poddar, Director, Tax Analysis and Commodity Tax Division, Department of Finance: Most of the countries like to count the discretionary changes. We simply compensate for lack of indexing as tax savings. If only there was the general recognition across the country that discretionary tax savings in other countries are not necessarily tax savings, there would be better appreciation of the actual situation in Canada.

Senator Godfrey: That just shows the difference in thinking between the Department officials and the general public, who are of the view that they are being held equal."

In any event, if as was suggested by the Department of Finance that indexing does represent a tax reduction, then the proposals on June 28, 1982 which would restrict indexing to six percent (6%) and five percent (5%) over the next two (2) years, would substantially reduce whatever protection indexing might have afforded.

(c) Federal Tax Reduction

The effects of the Federal Tax Reduction are somewhat complex. In the past, each taxpayer could obtain a reduction of Federal Tax Payable equal to the lesser of nine percent (9%) of his Federal Tax to a maximum of five hundred dollars (\$500). The proposals in the November Budget would make the Federal Tax Reduction a flat two hundred dollars (\$200) with an additional tax reduction of up to two hundred dollars (\$200) for a taxpayer with a non-earning spouse.

It can be shown that the effects of these changes will fall on different categories of income earners in different ways. However, for 1982, the following statements can be made:

1. For two (2) income families where both spouses earn more than approximately thirty thousand dollars (\$30,000) the tax reduction change will "cost them" six hundred dollars (\$600);
2. For two (2) income families where both spouses earn between approximately twenty thousand dollars (\$20,000) and thirty thousand dollars (\$30,000), the tax reduction change would cost them from just a few dollars to a combined six hundred dollars (\$600);
3. For single taxpayers with incomes between approximately twenty thousand dollars (\$20,000) and thirty thousand dollars (\$30,000) the tax reduction change will cost from a few dollars to three hundred dollars (\$300);
4. For a married taxpayer with a non-earning spouse, earning approximately twenty-seven thousand dollars (\$27,000), will be somewhat better off. Where that taxpayer's income exceeds twenty-seven thousand dollars (\$27,000) the taxpayer would be as much as one hundred dollars (\$100) worse off than under the old regime.

Thus, the major burden will be felt by two (2) worker families who are most commonly found amongst lower and middle income groupings and by single taxpayers in the lower and middle income brackets.

(d) Medical Expense Deduction

The suggestion has been made that a portion of the tax impact of having dental plan premiums taxable would be absorbed by

a new provision which would regard such employee benefits as being "medical expense".

However, it should be noted that medical expenses are only deductible to the extent that they exceed three percent (3%) of "income". Thus, for a taxpayer earning fifteen thousand dollars (\$15,000) of employment income no medical expense deduction will be available unless and until the aggregate of all medical expenses exceed four hundred, fifty dollars (\$450) for the year.

Thus, a one hundred dollar (\$100) deemed benefit would be added to income with no offsetting deduction from medical expenses.

Thus, the net effect of the proposal will generate substantial additional tax revenues on the assumption that levels of participation in dental plans remain constant. If the level of participation does not decline the additional tax revenue will be raised from lower and middle income Canadians.

If there is a decline in coverage however, these anticipated revenues will not be forthcoming and in addition, there will be revenue loss from reduced taxes paid by dentists and their staffs as discussed below.

11 EQUITY

In the November 12, 1981 Budget, the suggestion was made that certain "tax expenditures" were being taken advantage of by high income earners to the detriment of low income earners. The argument presented was that eliminating these "loop holes" would permit the reduction of tax to lower income taxpayers.

The comparison of the tax burdens borne by high income taxpayers as opposed to low income taxpayers may be termed the striving for "vertical equity".

The approach by the Department of Finance is that dental plans provide a "benefit" to employees. Even if such is the case, it is assumed that the amount of the benefit does not vary with income, so that the additional taxable income would be the same for low and middle income workers as for high income earners.

Assuming that the benefit will be determined by premiums payable, it is reasonable to assume that the benefits associated with dental plan coverages would be approximately three hundred dollars (\$300) per year per taxpayer covered. This represents a four percent (4%) increase in the taxable income of a person who would otherwise have fifteen thousand dollars of taxable income, and only an

increase of approximately one-half (1/2) of one percent (1%) for a person who would otherwise have taxable income of sixty thousand dollars (\$60,000).

As has been indicated above, there is little doubt that the consequences of making dental plan coverages taxable benefits will fall most heavily upon lower and middle income brackets with no offsetting protection from other changes in the Income Tax Act.

In a letter from the then Minister of Finance to the Canadian Dental Association, the following statement appears:

"When employers pay the contributions to a private health and dental plan, the employees covered are provided a benefit. Not all Canadians receive such a benefit and thus many, such as the self-employed not covered by a dental or health plan, or retired Canadians, have to meet their extra health and dental care costs out of fully taxable income. For many years, employer contributions to provincially administered health plans have been a taxable benefit to employees. In these circumstances, I believe it is fair that the benefit provided by health and dental plan contributions of employers be taxable."

This latter argument may be termed an attempt to obtain "horizontal equity" as between taxpayers in similar income brackets.

The argument concerning horizontal equity may be commented on as follows:

1. In fact, a significant and growing proportion of Canadians do have private dental coverages. Thus, the "norm" is the existence of health and dental plan coverages. We submit that the "norm" should not be whatever group currently bears the greatest tax burden. If the Department of Finance is concerned about "equity" as opposed to revenue gathering, then the Act could be amended to alleviate the "burden" on any taxpayer not currently covered by a private dental plan.
2. Self-employed persons can and do obtain dental plan coverage on the same basis as "regular employees". In fact, if this proposal is implemented on a premium basis, persons not members of private dental plans could be in a relatively better position. For years in which actual outlays for dental care are less than the tax on the deemed benefits from plan coverage the non-member has an absolute tax-saving. In years when major outlays are

required because of lack of ongoing preventative care, the larger outlays are more likely to be deductible as medical expenses.

3. The situation of retired employees is a special case and must be dealt with specially. In fact as a result of Section 45(4) of the June 28, 1982 Ways and Means Motion, former employees will be exempted from the application of the proposed taxable benefit rule.
4. The suggestion has been made that the proposed change would place employer contributions to private health services plans on the same footing as employer contributions to government health insurance plans. Publicly administered plans have for the most part chosen not to provide dental coverages because of the costs involved. While the non-taxability of private dental plan premiums does represent a subsidy to such coverages, the subsidy is limited to the national foregone tax revenue. The alternatives would be to make such admittedly costly coverages prohibitively expensive or have public plans provide coverage with the full cost borne by government. Currently assuming an average thirty-five percent (35%) tax rate, each one hundred million dollars of dental coverage costs government thirty-five million dollars in revenue to be raised elsewhere. If government were to provide such coverage directly, it would have to raise one hundred million dollars in tax revenues.

111 DENTAL PROFESSION

The Canadian Dental Association represents the majority of approximately eleven thousand five hundred (11,500) dentists in Canada. Together with secretarial, dental aide and hygienist personnel they make up a significant industry. A significant drop in the utilization of private dental coverages will have the following potential consequences on the dental industry:

1. Private dental coverages are primarily oriented to preventative as opposed to restorative treatment. Declines in dental insurance coverage will shift the demand for treatment to restorative treatment. Thus the requirements for support staff and hygienists could decline.
2. At present a substantial part of the funds committed to dental plans are received by and taxed in the hands of dental professionals. Assuming that dentists are in the highest tax brackets, a decline in plan coverages will

result in a loss of fifty cents (50¢) of tax revenue for each dollar no longer received by dentists.

IV LEVEL OF DENTAL CARE

It is essential to the social well-being of all Canadians that the level of dental care be kept high. High levels of dental care also translate into dollars by increasing productivity and reducing absenteeism.

Private dental plans have been a major component in the improvement of levels of dental care in Canada. In addition, since those plans are primarily related to employees, the economic benefits of reduced absenteeism and increased productivity are more marked than in universal governmental plans.

The availability of tax free dental coverages encourages cheaper and continuous use of dental professionals in preventative care.

The Canadian Dental Association is concerned that the following consequences for dental care will ensue as a result of the taxability of dental coverages:

1. Declines in participation will occur amongst the lower and middle income groups who can least afford the additional tax costs, but who also can least afford the costs of restorative care.
2. The general level of preventative care will decline.

CONSEQUENCES OF THE PROPOSAL

It is submitted that the following consequences could and in many cases will result from the proposal to tax dental plan coverages:

1. Once taxpayers appreciate the impact of this provision on their tax bills when they receive their T4 Slips in early 1983, there will be a demand for additional inflationary pay increases to compensate for the additional tax burden.
2. Alternatively, many employees will attempt to opt out of the plans totally. Such a reduction in the high degree of participation under group insurance plans, including both good risks and bad risks, may eliminate the availability of group coverages to other employees who wish to retain the insurance particularly among smaller groups. To the

extent that coverages can still be obtained, the likelihood would be that the costs of coverage would increase substantially.

3. The reduction of participation in dental plans and the use of dental care will increase demands upon the Public Health facilities and thus draw on further government resources.
4. The reduction in participation in private dental plans will reduce whatever additional tax revenue the Department of Finance anticipates from a reduction in the anticipated premiums which could be taxed to employees, from a reduction in incomes of dentists and from a reduction in the number of preventative care support staff who now pay tax.

The impact of the proposal may move Canadians away from dental coverage. The net result will be less dental care and no more revenue or substantially increased tax burdens on lower and middle income Canadians.

RECOMMENDATION

While the stated objective of the recent budgets has been to move away from "tax expenditures" and reduce the use of the Income Tax Act as a tool for encouraging social or economic objectives, it is essential that the removal of a tax incentive to a socially desirable goal be replaced by the preferred "direct expenditure" route. No proposal is currently available for increased government expenditures to dental care in Canada. In any event the Canadian Dental Association submits that the private dental insurance system is the most economical and efficient means for achieving the socially desirable goal. As admitted by Finance officials, such plans have not been subject to any "abuses" which have been attributed to the other "tax expenditures".

While the proposed taxability of other less socially beneficial "benefits" such as employee discounts, travel passes and standby charges for company cars has either been reduced or eliminated since November 12, 1981, no alteration in the proposed treatment of dental plan coverages has to date been forthcoming. In the light of the fact that the reduction in dental care and the increased tax burden of this proposal will fall most onerously on lower and middle income Canadians, the Canadian Dental Association urges that this proposal be withdrawn.

LIBRARY/RESOURCE CENTRE UPDATE

AUGUST, 1982

PROGRESS TO DATE

- Librarian hired, April 1981
- Review, assessment and inventory of total library holdings, approximately 6,000
 - contact with specialty sections, other dental libraries, etc.
 - weed-out of materials
- Commencement of recataloguing and reorganization of total current collection according to modern cataloguing classification. (Old collection was not uniformly catalogued, materials were difficult if not impossible to retrieve.)
 - Time required for the cataloguing of one book is approximately 45 minutes to 1 hour.
- Assessment and upgrading of current periodical collection, government documents, etc.
- Reorganization of internal CDA documentation.
- Introduction of Medlars computerization, retrieval system for periodical literature - February 1982
- Introduction of a monthly Journal article pertaining to the Library commenced January 1982.
- Documented increase in library utilization from all sources - April 1981 to September 1981 - 31 requests
October 1981 to July 1982 - 514 requests, with the majority of requests coming from the General Practitioner, CDA staff and dentists employed in hospitals, government health departments and the armed forces.
- Promotion of the library and its services to the
 - membership
 - corporate bodiesthrough letters, the Journal and an information card.
- Distribution of information on the library at conventions and a special mailing to those in the directory of officials.

CURRENT AND FUTURE PROJECTS

- Continued use and promotion of the library and Medlars through the Journal, mailings, etc.
(The Bytown Study Club has indicated that it wishes to promote the library to its membership for use during a CE course.)

CURRENT AND FUTURE PROJECTS (Cont'd.)

- The collection and housing of CE materials.
- Contact with major publishing houses re new dental publications.
- Continued contact with Health and Welfare re new publications.
- Ongoing recataloguing of library holdings.
- Receipt of fluoridation materials when available.
- Continued fast and accurate retrieval of all types of information for staff, corporate bodies, specialty sections and membership, etc.
 - statistics
 - government publications
 - periodical literature
 - corporate information

MANPOWER STUDYR. K. HOUSE & ASSOCIATES

July 1982

The manpower study for the Canadian Dental Association is in the final stages of completion. The study has entailed the collection and analysis of detailed data from educational institutions and the provincial licensing associations, including a year-long monitoring system which is to be completed by the end of September, and the development of a computerized simulation model for the forecast of dental manpower to the year 2001. The simulation model permits the entrance of new graduates, in-migrants and reactivations as well as the withdrawal of deaths, retirements and out-migrants on a age-sex specific basis and ages the final stock figures annually. The model, in addition, is unique in that it has incorporated basic decision rules for the annual flow of manpower among the provinces. Dentists, in the main, for example, move between any two provinces on the basis of relative population-dentist ratios. These flow relationships have been estimated from the historical data. The population-dentist ratios serve as a proxy for relative demand expectations between provinces. Because of the level of detail, the model will serve as a valuable policy tool to the CDA. It will be possible, for instance, to study the impact of a change in enrolments, retirement patterns or immigration levels and assess these impacts in relation to the probable effects upon migration patterns.

PROPOSED PROGRAM

DENTAL QUALITY ASSURANCE AND PEER REVIEW

Timing

November 22 and/or 23

Week of December 13

Week of October 18

Program

9:00 - 10:00 a.m. Introduction by ADA (DeI Stauffer)

- (a) Professional Accountability
- (b) Peer Review vs Quality Assurance
- (c) Role of Organized Dentistry
- (d) ADA and AFDH - Research Efforts
- (e) Office of Quality Assurance of
American Dental Association

10:00 - 11:00 a.m. Peer Review

(Gordon Marx (N.Y.) or Norman Tanz (N.Y.))
(These are dentists involved in programs)

- (a) History
- (b) Review of Peer Review Procedure
Manual
- (c) National Peer Review Reporting System
- (d) Future Implications of Peer Review

11:00 - Noon Quality Assurance

(Dr. Marvin Marcus (Calif.) or Howard
Brilit (Conn.))

- (a) History
- (b) Perspectives (private practice,
federal government, consumer,
3rd party carriers)

- 2 -

- 11:00 - Noon - Continued Quality Assurance
- (c) Research Efforts
 - (d) Appropriateness and Necessity
 - (e) Cost Containment
- 12 Noon - 2:00 p.m. Lunch
- 2:00 - 3:00 p.m. Quality Assurance - Continued
- (f) Measurement
 - (i) Record Audit
 - (ii) Daily utilization
 - (iii) Clinical Assessment
 - (g) Implementation
 - (h) Development of Criteria -
Technical Evaluation
(Review of California Dental
Association Manual)
 - (i) Future
- 3:00 - 4:00 p.m. Panel Discussion
- (with presenters)
 - (a) Questions from the audience
 - (b) Provincial Presentations
 - (c) Summary and Rap up.

your
group
benefits
program

Staff Plan

Administered by
Canadian Dental Service Plans Inc.

YOUR BENEFITS PROGRAM

The following is a brief summary of highlights of your group employee benefits program, effective April 1, 1982.

No administrative fees are charged by either CDA or CDSPI. This contributes to providing a very attractive program for all employees.

ELIGIBILITY

All full-time employees of an affiliated organization hired on or after April 1, 1982 are eligible to enroll on the first of the month following completion of three months' employment. Employees who were at work on April 1, 1982 and who were previously covered under the plan will be eligible immediately.

All full-time employees must participate in all plans.

SUMMARY OF BENEFITS

LIFE INSURANCE

You are insured for an amount equal to twice your annual earnings, with coverage rounded up to the next \$1,000.

Maximum coverage is \$150,000. Satisfactory evidence of good health is required before coverage of more than \$100,000 is issued.

Retired employees under age 70 are insured for \$10,000.

Your coverage terminates when you reach 70.

Conversion

If your life insurance coverage is discontinued because you terminate employment, retire, or reach the age of 70 after retirement, you have the right to convert your coverage to an individual insurance policy. You must submit an application, and the first premium, to Imperial Life within 31 days of the date of termination. However, the benefit is paid if you die during the 31-day period.

You are also entitled to convert 50% of your insurance, or \$10,000 if your coverage was less than \$20,000, if the Imperial Life plan is discontinued and you have been a participant for five years or more. If the plan is not replaced by a new plan, Imperial Life will issue a policy for the entire conversion amount described in the previous sentence. If the plan is replaced by a new plan which gives you less coverage than the conversion amount, Imperial Life will issue a policy large enough to make up the difference.

No medical evidence is required in any of these conversion situations.

Your individual policy may be a non-convertible term to age 70 plan, a non-renewable one-year convertible term plan, or any permanent plan issued by Imperial Life at the date of conversion, but without any added benefits.

DEPENDENT LIFE INSURANCE

This is a plan for employees with eligible dependents.

Coverage is \$10,000 on your spouse's life and \$5,000 on each child's life.

Children are defined as wholly-dependent, unmarried children between the ages of 14 days and 21 years. Children are also covered if under 25 and attending high school, college, or university full-time. Adopted children, stepchildren, or children of a common-law spouse are included.

You are the beneficiary under this coverage.

ACCIDENTAL DEATH AND DISMEMBERMENT

These benefits are paid in case of your death or dismemberment resulting from an accident.

The principal sum in the schedule below is equal to your basic life insurance (twice annual earnings to a maximum of \$150,000). In addition to your life insurance, you are covered for:

Loss	Amount Paid
Accidental Death:	Principal Sum
Loss of: Both hands, both feet, or both eyes	Principal Sum
One hand and one foot	Principal Sum
One hand and one eye or one foot and one eye	Principal Sum
One leg or one arm	3/4 Principal Sum
One hand, one foot, or one eye	2/3 Principal Sum
Loss of: Speech and hearing	Principal Sum
Speech or hearing	1/2 Principal Sum
Thumb and index finger	1/3 Principal Sum
Hearing in one ear	1/6 Principal Sum
Use of both arms or hands	Principal Sum
Use of one arm	3/4 Principal Sum
Use of hand	2/3 Principal Sum
Paraplegia	Principal Sum

Death or loss must occur within 365 days of the accident.

WEEKLY INDEMNITY

While you are under 65, this coverage provides short term-income replacement if you miss work due to illness or injury.

Benefits equal 75% of your weekly earnings, subject to a maximum benefit of \$450 per week. This benefit is reduced by any amount paid by Workmen's Compensation and by any indemnity for loss of time under a provincial "no fault" car insurance plan. Your benefit is paid from the first day of absence due to an accident or the first day of any admission to hospital. If your absence is due to an illness, benefits are paid from the eighth day of disability.

Benefits continue for up to 15 weeks if your disability continues. At that point Long Term Disability benefits may commence.

No benefits are paid during pregnancy leave or during any period when you are entitled to benefits under any group disability policy.

LONG TERM DISABILITY

This benefit maintains your disability income after the expiration of your Weekly Indemnity benefits.

The plan pays a benefit of 75% of your regular salary as long as you are totally disabled, up to the age of 65 if necessary, subject to a maximum benefit of \$4,000 monthly. A benefit of more than \$2,000 is paid only if you have previously supplied satisfactory evidence of good health to the insurance company.

If your disability income from all sources exceeds 85% of your pre-disability take-home pay, this benefit will be reduced so your total disability income from all sources after tax, equals 85% of your take-home pay. "All sources" includes any disability benefits under the Canada or Quebec Pension Plan, Workmen's Compensation, other group plans, retirement or pension plans, or a provincial "no fault" car insurance plan.

For the first 24 months of benefit, you are considered "totally disabled" if you are unable to come to work and do your regular job. After 24 months, benefits will be discontinued if medical evidence indicates you can do any work for which you are "reasonably" suited by your education, training and experience.

Benefits are not paid if you are in prison or residing permanently outside Canada.

Cost-Of-Living Adjustment

Benefits are adjusted annually for inflation. After you have received benefits for one year, your benefit will be increased each year by 10% of the original amount, regardless of the actual rate of inflation. This applies only to disabilities beginning on or after April 1, 1982, and only to employees age 64 or under on the date.

DENTAL INSURANCE

This coverage insures you and your dependents for a full range of dental expenses incurred on or after April 1, 1982. Reimbursement is based on the current suggested fees in the appropriate provincial dental fee guide for the least expensive treatment that will provide a professionally adequate result. Coverage ceases when you reach age 70.

Eligible Expenses:

Eligible expenses are listed below, together with the percentage amount of reimbursement.

1. Basic and Preventive Treatment — 100% reimbursement
 - oral examination, limited to one examination in any six consecutive months

- dental x-rays, except that full mouth x-rays and panoramic film are limited to one set of each in any 24 consecutive months
 - dental consultations
 - light scaling and polishing of teeth, limited to one in any 6 consecutive months
 - topical application of fluoride or other anti-cariogenic substance, limited to one in any six consecutive months
 - mouthguards and the initial provision and installation of space maintainers for missing primary teeth
 - occlusal equilibration
 - amalgam, silicate, and acrylic or composite restorations, excluding prefabricated veneer application
 - retentive pins and preformed stainless steel and polycarbonate crowns
 - uncomplicated removal of erupted teeth and surgical removal of impacted teeth and residual roots
 - general anaesthesia required for dental surgery.
2. **Endodontics, Periodontics, Oral Surgery — 100% reimbursement**
- endodontics, which deals with the treatment of disease of the pulp chamber and pulp canals (root canal therapy)
 - periodontics, which deals with the treatment of diseases of the soft tissues (gums) and bone supporting the teeth
 - oral surgery except that which is specifically provided under the basic and preventive treatment.

3. Major Restorative Treatment — 80% reimbursement

- metal inlays and crowns
- repair, rebasing, and relining of dentures
- denture adjustments except that minor adjustments are limited to once in any six consecutive months
- full or partial dentures or fixed bridgework provided that:
 - a) the replacement is necessitated by the extraction of at least one natural tooth while the individual is insured, or
 - b) the existing appliance is temporary and is replaced by a permanent denture or bridgework within 12 months of the date the temporary was installed, or
 - c) the existing appliance is at least 5 years old and cannot be made serviceable.

4. Orthodontic Treatment — 50% reimbursement

Orthodontic treatment includes all necessary dental treatment to correct malocclusion of the teeth for a dependent child who is insured under this benefit and is between the ages of 6 to 18 years inclusive.

Pre-existing Conditions

During the first 4 months of an individual's coverage, no reimbursement will be made for expenses incurred in that period which were the result of dental treatment begun or arranged during the 4-month period immediately prior to the effective date of the individual's coverage.

Maximums

Orthodontia is subject to a lifetime maximum benefit of \$1,000 per person.

All dental benefits are subject to a maximum benefit of \$1,000 per person per calendar year.

Expenses Not Covered

- Dental treatment for cosmetic purposes or which is outside Canada.
- Expenses for services or treatment covered by any government plan, received without charge, or which a government health plan prohibits being paid.
- Expenses incurred for broken appointments, for completion of claim forms, or for advice by telephone.
- Expenses for replacement of lost, mislaid, or stolen dentures.
- Certain dental treatments such as full mouth reconstruction and permanent splinting of teeth.

GENERAL LIMITATIONS

No disability or dental benefits are payable for disabilities or expenses incurred which are caused by intentionally self-inflicted injuries, war or service in the armed forces; participation in any riot, insurrection or civil commotion; committing or attempting to commit a criminal offence.

TERMINATION OF INSURANCE

All coverage ceases when you leave your present employment (except where retirement coverage is provided), you reach the applicable age limit, or the group policies are cancelled. (See conversion of life insurance on page 2.)

HOW TO CLAIM BENEFITS

When a claim is to be submitted by you or on your behalf, your employer or CDSPI should be contacted for the appropriate forms. Medical certification will be required from your doctor in establishing claims for income replacement. Your employer should, of course, be advised as soon as possible if a protracted disability seems likely, so that the insurance company can be notified at an early date. All claim forms should be submitted to CDSPI.

Dental claim forms should be obtained from your employer in advance and taken to your dentist at the initial visit.

Please Note: The master policies are issued by The Imperial Life Assurance Company of Canada (for all benefits except Accidental Death and Dismemberment), and by Mutual of Omaha Insurance Company (for Accidental Death and Dismemberment). These policies contain additional definitions, limitations, and restrictions for which space does not permit elaboration in this brochure. This brochure is not an insurance policy and does not grant or confer any contractual rights. All rights under this program shall be governed solely by provisions of the Master Policies in the possession of your employer and by applicable Law.

Questions about your program should be directed to your employer or to Canadian Dental Service Plans Inc.

If you require additional information, please call CDSPI's Central Information Service, toll free, at 1-800-268-3792 (in Metro Toronto call 961-7117). An answering service is available at these numbers after office hours.

TAXATION COMMITTEE REPORT

Members: Dr. Robert Hicks, Chairman
Dr. Donald E. Williams
Dr. William R. Thompson
Dr. G.E. Utas

Since the interim Board meeting in March of this year, the major activities of the Taxation Committee have been centered around preparation of a report to the federal government on the inadequacy of pre-tax pension provisions for the self-employed - including self-employed professionals. This effort is a joint project, initiated by the Canadian Dental Association, involving the Canadian Bar Association, the Canadian Medical Association, the Canadian Institute of Chartered Accountants and the CDA.

The Committee has also been active in discussions with the Federal Sales Tax Division of Revenue Canada regarding application of federal sales tax (under the Excise Tax Act) on dental instruments and other dental supplies.

Monitoring the November, 1981 budget proposals has been an ongoing process with all eyes and ears seeking draft legislation so that we may address our remarks to specific items of contention.

To be more specific, this report addresses the following items:

1. Joint Professional Committee on Retirement Income

The latest meeting of this joint committee took place in Toronto on May 10. The minutes of our March 18, 1982 meeting were received with discussions and actions following. A copy of the March 18 minutes are attached to this report for your information (Appendix I). These minutes will give you a good "feeling" for the issues that the committee are dealing with and the general tone of the approach we anticipate to take in our presentation to the federal government.

.../2

Taxation Committee Report - Continued

1. Joint Professional Committee on Retirement Income - Continued

Another meeting of this committee will take place on July 8. Specific issues for presentation will be finalized and each participating association will receive a copy of the proposed presentation. It has been a committee decision to restrict the distribution of this paper to specific representatives of each association in order to protect the content of the brief prior to presentation. Following presentation, distribution of the brief will be determined by each participating association.

The Joint Professional Committee is pleased to note many recent concerned comments made by politicians about inadequate provision of retirement income for all levels of Canadians. A copy of the Honourable Monique Bégin's address to the Annual Meeting of The Canadian Pension Conference on May 11, 1982 is attached (Appendix II) for your information. While no specific mention of the self-employed professional is included, the address does encourage the joint professional committee in its thinking that our timing for presentation to government is opportune.

2. Federal Budget re: Dental Plans

The Taxation Committee identified in its review of the November, 1981 federal budget the serious impact of the removal of dental plan premiums from their tax exempt status as an employee benefit.

The Committee is still concerned that employees will remove dental plans from their employee benefit programs and negotiate another benefit in their place that is tax free.

The President of the CDA is spearheading the presentation of our Association's views to the Minister of Finance on this subject. This Committee encourages the membership to respond to our President's request that we all write to our members of parliament requesting that dental plan premiums remain as a tax-free benefit to employees.

.../3

3. Federal Sales Tax on Dental Instruments

Following receipt of a letter from the Federal Sales Tax Division of Revenue Canada, the Taxation Committee has been in close contact with this department regarding the writing of an information bulletin for application of federal sales tax on imported dental instruments. In order for dental instruments to be exempt from federal sales tax, the instruments must be used for dental surgical procedures but not for diagnostic procedures (other than x-ray instruments).

The Taxation Committee has developed a specific list of recommended exempt items for the said federal sales tax provision. This list is presently being reviewed and approval of most of the items is anticipated. More importantly, the Federal Sales Tax Division has encouraged ongoing discussions regarding this list if problem areas occur or if new products are made available.

Once a final decision is made on federal sales exemption on dental instruments, an article will be published in the CDA Journal so that all members of CDA are informed.

4. Capital Cost Allowance on Dental Equipment

Recent media reports state that the Finance Minister is planning to amend some of the capital cost allowance regulations announced in the November, 1981 budget. "Dental tools" were included in this amendment. Reports state that 100 per cent of the capital cost allowance could be claimed in the year of purchase instead of 50 per cent of the C.C.A. as stated in the November budget.

The Taxation Committee is seeking an official statement on the definition of "dental tools".

Following submission of this report to the Executive Council, the Taxation Committee will continue to monitor taxation issues in Ottawa and will present an "update report" at the Annual Board of Governors meeting.

Respectfully submitted,

Dr. Robert Hicks,
Chairman,
Taxation Committee

ADOPTION OF REPORT

*The Board accepts the report of
the Taxation Committee with thanks.*

McMILLAN, BINCH

BARRISTERS & SOLICITORS

Appendix I

P.O. BOX 38
SOUTH TOWER
ROYAL BANK PLAZA
TORONTO, ONTARIO
M5J 2J7

TELEPHONE (416) 865-7111
TELEX NO. 06-22317
CABLE ADDRESS "WARDRITE"
TELECOPIER NO. (416) 865-7048

T. E. McDONNELL
DIRECT LINE 865-7075

May 5, 1982

TO: The Members of the Joint
Professional Committee on
Retirement Income ...

Dr. Robert Hicks, Canadian Dental Association
Dr. Lou Harnick, Canadian Medical Association
Mr. David Smith, Canadian Bar Association
Mr. Harvey Graham, (Price Waterhouse) on behalf
of C.I.C.A.)

Gentlemen:

I enclose draft minutes of the last meeting of the Joint Professional Committee. Might I suggest that we make a brief review of the minutes the first item of business at the meeting on May 10th and then proceed from there to deal with the points raised in the concluding paragraph of the minutes.

As agreed, we will meet in our offices on the 38th floor at 9:00 a.m. on Monday, May 10th.

Yours sincerely,


Thomas E. McDonnell

TEM:mal
encl.

M E M O R A N D U M

TO: Members of the Joint Professional Committee on
Pre-Tax Retirement Arrangements

FROM: T. E. McDonnell

SUBJECT: Minutes of the Meeting of the
Committee held on March 18, 1982

The Committee met at the offices of McMillan, Binch on March 18, 1982 to continue the discussion of pre-tax retirement arrangements. The following persons attended:

Dr. Robert Hicks, Canadian Dental Association
David Smith, Canadian Bar Association
Harvey Graham, Price Waterhouse (on behalf of the
C.I.C.A.)
John Bowden, an employee benefits consultant with
Tomlinson, Bowden of Toronto

Dr. Harnick of the Canadian Medical Association was unable to attend the meeting but expressed his continuing interest in the work of the Committee and the desire of the CMA to be involved.

There was a wide-ranging discussion of all aspects of the subject and various tasks for further study and research were identified.

The general discussion touched on the following points:

1. Do we know what percentage of the members of the professions involved in the Joint Professional Committee do in fact contribute to an RRSP? Will there be a credibility problem if it turns out that the percentage is relatively low?

.....

2. With respect to possible alternative retirement arrangements to the RRSP, there was a feeling that allowing self-employed persons to establish pension plans similar to those now accepted for registration by the Tax Department, would not be of much help. John Bowden made the point that many small businesses are becoming disenchanted with pension plans because of federal and provincial registration and filing requirements. He thought we would be further ahead pushing for an increase in the RRSP limits or in looking for some alternative form of non-registered plan to avoid these problems.
3. With respect to the present RRSP contribution limits one approach might be to push for a removal of the 20% of earned income ceiling. A concern was expressed related to the fact that if the present \$5,500 maximum is increased to, say, \$10,000, and there is no change in the present 20% of earned income ceiling, then only those persons with earned incomes in excess of \$50,000 would be able to take full advantage of the increased deduction.
4. There is a real problem under the present rules with respect to "past service". Under a registered pension plan, a member may make past service contributions in respect of years in which he did not contribute to the pension plan. We have considered using this fact as the basis for an argument that self-employed persons should be permitted to make an equivalent "past service" contribution to an RRSP. However, Bowden points out that the analogy here is not all that good. In order to make a past service contribution to a pension plan, it must have been a non-contributory plan in the year in respect of which the past service contribution is to be made. That is, the member of the plan was not in a

position legally to make a contribution to the plan in that prior year. In the case of an RRSP, a self-employed person could have made a contribution in a prior year but for various reasons did not do so. Because of this, Bowden suggested that we would be better advised to push for a rule that would allow additional deductible contributions in the current year equal to the difference between the present ceiling of \$5,500 and the amounts actually contributed to an RRSP in a prior year.

5. There was a general discussion of the possibility of linking new RRSP contribution limits to special qualified investments. The general idea was to encourage the government to expand the limits by agreeing to channel the increased deductions into funds that met current government objectives, for example, mortgages at reduced rates on residential housing, etc. However, there was some concern about this from an investment perspective. If, for example, increased contributions were channeled into mortgages carrying interest rates of say 3% below prevailing rates, would the return be sufficient to make the investment worthwhile?
6. Another alternative that was raised at the meeting involved allowing non-deductible contributions to be made to an RRSP for amounts in excess of \$5,500. The advantage here would be to provide a tax sheltered investment vehicle, not a new tax deduction. In some ways this should be attractive to government since there would be no immediate shortfall in tax revenues attributable to increased deductions. On the other hand, a clear decision was made several years ago to eliminate the right to make excess contributions on a non-deductible basis and it may be unrealistic to think that the government will reverse itself on this point.

7. We thought it would be desirable to identify the general approach taken in other countries with respect to tax-deductible retirement arrangements. Harvey Graham is to check to see what publications are available from Price Waterhouse International, especially the US, UK and Swedish situations.
8. There was some general discussion of what we might anticipate in the way of a response from the policy makers to a request that the present tax rules be relaxed. In general terms, we will have to be prepared to justify why the tax system should be used to subsidize saving for retirement by self-employed professionals. We thought it might be useful to review the reports of the recent Federal and Ontario commissions studying pensions to see whether they provide general support for the proposition that additional saving will be required to provide acceptable levels of retirement income in the latter part of this century. In general terms, the consensus now seems to be that existing arrangements will prove to be inadequate and that substantial new initiatives will be required if retirement income is going to be adequate. In this context, it is clear that providing additional tax deductions will provide an incentive to increase saving.
9. There was a general discussion centering on the differences between the pension rules in force for members of Parliament and the civil service and those applicable in the private sector. For example, Bowden pointed out that under the recently enacted rules for members of Parliament, they become entitled to pensions equal to 75% of their final year's earnings, after 15 years of service (which is the equivalent of 5% of earnings for each 15 years of service). The pension becomes fully indexed at age 60. Further, the

pension becomes fully vested within 6 years. In addition to all this, after 6 years of service an MP can retire and can immediately start to draw 30% of his pension entitlement, that is, 30% of his last year's earnings, which now amounts to about \$45,000 a year. It is believed that Members of Parliament contribute 10% of their sessional indemnity to the pension plan plus a further amount of 1% on account of supplementary benefits. It should be noted that this is well in excess of the contribution limits permitted under private pension plans. We did not know today the extent to which these contributions are deductible in whole or in part by members of Parliament. Bowden said that his Association has tried to determine just what is the tax position of Members of Parliament in this regard but to date has not been able to do so.

Against this, one compares the rules now applied for registering a private pension plan. Basically, in the case of a defined benefit plan, benefits may not exceed 2% of the average earnings for the 3 years prior to retirement, times the number of years of service up to a maximum of 35, with an overriding limitation that the annual pension cannot exceed \$60,000.

We thought it would be useful to develop figures to show what sort of annual contributions were now being allowed to Members of Parliament on a tax deductible basis and compare them with the amounts allowed under an RRSP. Also, we should try to determine what amount of tax deductible contributions would be required under an RRSP in order to produce the sort of retirement income available to a Member of Parliament who serves an average term.

10. With respect to the type of arrangements that may be made on the maturity of an RRSP, there was a feeling that the present rules are too rigid in that they do not allow an annuitant to change his retirement arrangement once a decision is made on maturity. In theory, we could not see why it should not be possible for an annuitant to transfer his arrangement on a rollover basis from one institution to another; to convert an annuity from a term certain to a life annuity; and so on. In this regard, however, similar problems now exist with respect to termination arrangements under a registered pension plan and it may be that we have no argument based on discriminatory treatment.

It was agreed that certain steps would be taken by members of the Committee in preparation for the next meeting:

1. A basic bibleography and data base will be compiled with respect to publications relating to pension and retirement matters. Harvey Graham will see what is available from Price Waterhouse International; Tom McDonnell will arrange to have someone check with various libraiories, professional associations and related sources to develop a bibleography of existing materials.
2. David Smith will undertake a review of the LUAC Study, "Taxation", to see if there is a convenient and useful summary of all of the existing rules so that we can develop an accurate comparison of the arrangements that now may be put into effect.

We agreed to meet next on Monday, May 10th at the offices of McMillan, Binch at 9:00 a.m. The purpose of the next meeting will be to review the progress made in identifying sources of information and establishing a framework

within which the actual drafting of the submission to the Minister of Finance can take place. At that meeting we will also consider questions of tactics of presentation and timing. It is recognized that the Minister will not be enthusiastic about a request for further tax deductions in the present economic climate. This suggests that we will need to use all of the political clout that we have in connection both with the presentation to the Minister and in obtaining support from Members of Parliament generally. As to timing, it is clear that there is a growing sensitivity to the problem of retirement income and that we should proceed as quickly as possible to prepare our brief so as to be in a position to present it when the time seems right.

T.E.M.



Santé et
Bien-être social
Canada

Health
and Welfare
Canada

Appendix II

cabinet du ministre
l'honorable Monique Bégin

Office of the Minister
The Honourable Monique Bégin

MAY 17 1982

NOTES FOR AN ADDRESS
BY
THE HONOURABLE MONIQUE BÉGIN
TO THE ANNUAL MEETING OF THE
CANADIAN PENSION CONFERENCE
OTTAWA
May 11, 1982

Check Against Delivery



I am very honoured to have been invited to address this annual meeting of the Canadian Pension Conference. Last October, poor weather in Alert Bay, where I was travelling at the time, prevented me from speaking at your Western Regional Conference in Kelowna. That is why I am all the more pleased to be here today and to give you a progress report on the federal government's pension reform initiatives.

There are those who say politicians excel at making the most of opportunities presented to them. Quite frankly, I would have liked nothing better than to use the opportunity of this conference to announce the release of the federal government's Paper on Pension Reform, to hand you all copies and to solicit your views. I regret I am unable to do so.

I raise this at the outset because I know full well that questions about the Paper are uppermost in your minds - as they have been in mine over the past few months. What I can say is that the Paper should be available in a matter of weeks and, it goes without saying, that your organization will be among the first to receive it and to be asked for comments.

As a starting point, let's look at some of the reform activities which have been initiated in other jurisdictions. Certainly, in the year following the National Pensions Conference, there has been a great deal of activity on the provincial scene.

You have just heard about Quebec's and Ontario's views concerning changes to the pension system. Elsewhere, changes have already been implemented. Saskatchewan's amended Pension Benefits Act came into effect last summer. The Act was changed to upgrade the minimum standards of private pension plans operating in Saskatchewan so that greater protection for plan members and their beneficiaries is now provided.

While Saskatchewan has taken the lead in strengthening pension benefits standards, I am pleased to note that New Brunswick is currently considering the implementation of similar standards to regulate private pension plans in that province.

On a somewhat different front, Manitoba is considering the implementation of a voluntary employment pension plan. Aimed at providing pension coverage to employees working in small businesses, the plan would be of the "money purchase" or defined contribution type.

In March of this year, we welcomed the fact that British Columbia had reversed its earlier position by endorsing the child-rearing drop-out provision under the Canada Pension Plan. Shortly thereafter, a Select Committee of the Ontario Legislature publicly endorsed the previous recommendation of Ontario's Royal Commission on Pensions - the recommendation calling for immediate implementation of the drop-out provision. The Parliament of Canada, nine provinces and two advisory groups in Ontario have now given their support to this provision. It is difficult to understand why the Government of Ontario persists in withholding its consent from a measure which would go a long way to improving pension protection for women. I am hopeful that Ontario will reconsider its position and approve the drop-out in the very near future.

In addition, yesterday morning you heard of the consensus among members of the Canadian Association of Pension Supervisory Authorities (CAPSA) concerning minimum standards for the regulation of private sector pension plans.

So, as you can see, there are a number of initiatives underway to improve pensions in Canada. Yet from my perspective, perhaps one of the most encouraging achievements since the National Pensions Conference has been the increasing awareness of pension issues at the grass roots level.

One prime example of this is that women of all ages are speaking out about the particular pension problems facing them. Last fall, I offered modest financial assistance to women's groups organizing educational pension seminars specifically for women. Almost overnight, "ad hoc" coalitions sprang up in all parts of Canada and an impressive schedule of seminars was developed. The result? Many women who previously had little more than a vague, often unreliable notion of what to expect from Canada's pension system have been jolted - jolted by the rude reality that today's elderly women, single women in particular, are among the poorest individuals in our society.

Perhaps the most direct indication I have of increasing grass roots awareness of pension issues is the letters I receive from people who write to express their disappointment and frustration about their personal pension situation. Many are dismayed that the value of the pension they have built up during the course of a working lifetime is being seriously eroded by inflation. Others write in anger at being unable to obtain adequate information from their employers about their pension plans. Widows complain that the pension contributions made by their husbands provided no survivor's benefit. Other women, who have worked in the home, tell me how they have dedicated their lives to the care of husbands and children, believing that they were performing a vital role in society. Why then, they ask, are they left with so little in old age?

In short, the pension reform debate now extends well beyond the immediate domain of institutions and experts. More and more, there is growing demand for reform among individual Canadians.

It is therefore incumbent upon us to move quickly in meeting the challenges of pension reform. Let me remind you of our objectives in this regard as stated by the Prime Minister:

- all people should be able to belong to pension plans;
- private pensions must be portable;
- all pensioners should be protected from inflation;
- women must be treated more equally.

I have stated on many occasions - and I will do so again now - that one of the top priorities of the government is to increase the Guaranteed Income Supplement for single pensioners. This will be done as soon as resources permit. This point now made, I must state that the most fundamental pension reform issue facing us is the continuing lack of adequate pension coverage. Without significant improvements in this area, other reforms will be meaningless for many Canadians.

What does adequate coverage mean? It means simply that good, reliable instruments must be available to enable the average Canadian to maintain his or her standard of living after retirement. In other words, Canadians earning the average industrial wage should be assured about the same level of disposable income after retirement as they had before retirement.

However, we have a problem right there. The public plans - OAS and CPP - do not, on their own, provide that assurance. Any many Canadians, close to 55 percent of the work force, do not have the additional coverage from private plans which could help them reach that goal. Now I know that many of you will take exception to this number. However, a recent review of taxation data by my Department showed that only 54 percent of employed men and 36 percent of employed women belonged to pension plans. Thus, only 46 percent of all employed workers had access to private pension plans. And just in case you have any further doubts, all of these employees earned at least enough to contribute to either the Canada or Quebec Pension Plans.

In short, I think that the time has come to ensure that all Canadians have the opportunity to make adequate provisions for their retirement.

...5

In providing pension coverage to Canadians, we have two main alternatives to consider. On the one hand, we could try to encourage the voluntary establishment of pension programs for those workers who do not already have such plans. On the other, governments could require employers and employees to contribute to public or private pension plans. Such a compulsory approach would involve, either separately, or in combination:

- the introduction of mandatory private pension schemes;

or

- the expansion of the public earnings-related Canada Pension Plan.

Whether pension reform should follow a voluntary or compulsory route is a question which goes to the very heart of how Canadians view their society. Resolving that question will not be easy, but one thing is certain. It takes 30 to 40 years to build up a good private pension. Even Canada Pension Plan improvements which could, theoretically, be implemented overnight, would probably have to be phased in over 10 or more years in practice. Thus, if we fail to resolve this issue satisfactorily now, we will be guaranteeing that thousands of Canadians will reach retirement with far too little in the way of pensions for many years to come.

Therefore you may expect the forthcoming Paper on pension reform to spell out the options for doing this. The form and the amount of the expansion will be the subject of a final round of consultations, which we are about to commence.

I have spoken about the necessity of expanding the pension system. At the same time I feel strongly that the pension system that exists right now must be strengthened. Improvements such as minimum standards for private pension plans must be implemented quickly in all jurisdictions. As well we should:

- ensure protection for full-time, part-time and seasonal workers;
- legislate a system of plan termination insurance which does not penalize good plans; and
- change the tax rules to provide more equitable treatment to all pension savings.

In regard to this last point, while I cannot speak for my colleague, the Minister of Finance, I would see a new retirement savings vehicle similar to RRSPs, but which would accept contributions from both employers and employees. Such a vehicle would, of course, allow contributions to be tax-deductible as now and would permit individual control of the investment of the funds. Funds would normally be locked-in until the individual reached age 65, with restrictions placed on early withdrawal. Small businesses could thus provide some pension benefits for employees, and the portability of pension credits would be greatly enhanced.

Having spoken about pension coverage, I would like to move now to the issue of "keeping" pension protection once access to it has been obtained.

Under the Canada Pension Plan the protection provided is independent of the contributor's place of employment. This is not the case for private pension plans.

It is quite possible for an individual to belong to pension plans throughout his or her working career and yet not have any pension on retirement. This is because people generally lose any pension protection they have built up if they change jobs or leave paid employment (and, on the average, Canadian workers change jobs six times in a career). If they belonged to a contributory plan, they may get back their contributions with a nominal amount of interest. If their plan was paid for entirely by the employer, they will likely receive nothing. There are some standards imposed by governments to ensure that some people will keep their

...7

pension protection; but, in most jurisdictions, these rules only apply if the individual is age 45 or older, with at least 10 years of service.

A number of methods have been advocated in an effort to improve this situation. To be effective, all would require the establishment of rules ensuring that pension rights would belong to the employee (and could not be given up in favour of a lump sum payment) after a very short period of service, one or two years at most.

To illustrate, an employee changing jobs could transfer his or her pension rights to a new employer, if that were permitted under the new employer's plan. Alternatively, the value of an employee's pension, on job termination, could be converted into a lump sum which the employer would pay into a retirement savings vehicle, such as the one I just described, on the employee's behalf. The money would then be "locked-in" until the employee retired, at which time it could be used to purchase an annuity. Still another possibility would be simply for the employee to "leave" accumulated pension rights with the employer to provide a deferred pension payable at retirement. These are a few examples of ways which could prove effective in protecting pension rights.

The important thing to remember is that by allowing workers to keep their pension rights when changing jobs, we are not conferring any special privilege on them. The days are gone when pension benefits can be thought of as a reward given by a benevolent employer to a faithful employee: most of us now recognize that pensions are an integral part of an employee's compensation. Our objective then is simply to ensure that the pension protection which is already the property of the individual cannot be taken away.

I have discussed some approaches to "getting and keeping" pension protection. Let's look now at how the value of that protection could be maintained.

Whereas public pension benefits are indexed to reflect increases in the cost of living, relatively few private pension plans provide automatic cost-of-living adjustments. The effects of this are disastrous for people who thought they would be able to maintain reasonable living standards in retirement. For example, a person who retired in 1971 on a fixed pension of \$1,000 has seen the purchasing power of that pension more than cut in half, ten years later.

Employers acknowledge this, but generally express reluctance to provide full indexation because the costs are so unpredictable. One way to overcome this is through what is known as the "inflationary earnings" approach. Such an approach, as you know, has been agreed upon by CAPSA members.

Basically, this takes advantage of the increased earnings of pension funds that occur during an extended period of inflation. The extra earnings increase the size of the funds which have been "built up" in the pension fund to pay for a given pensioner's benefits, and this is used to increase the pension.

If private pension plans adopted the "inflationary earnings" method to index pensions, pensioners would have a far better chance than at present of maintaining, to a reasonable degree at least, the value of their pensions. I can see no other alternative. Again, the property of the individual must be protected.

All of the issues I have been discussing thus far have crucial implications for the financial well-being of Canadians in retirement. At the same time, additional improvements will be required to assist a particularly vulnerable group in our society - namely, women.

Meeting the particular pension needs of women in retirement has long been identified as one of the Government of Canada's major priorities on pension reform. Yes, the general reforms proposed will make things better for women as they will for all workers. But women have a number of special needs and these needs require special solutions.

However, let me be very clear about one thing before I go any further. Pension reforms, however successful, cannot be a cure-all for the economic and social problems faced by women in Canada. Pension reform cannot guarantee them higher paying jobs or give full recognition for the value of their work in the home, or compensate them for the sacrifices involved in raising the nation's children. We can, however, recognize that these problems exist and that they make it even more difficult for women to deal with the deficiencies in our current pension system.

Now, I said that women had special needs requiring special solutions. One such special solution is generally agreed upon. Governments must require that private pension plans provide survivor benefits. Like it or not gentlemen, we women tend to outlive you.

Saskatchewan already has a rule which requires that private pension benefits be paid automatically on a reduced basis with survivors rights for the spouse, unless both partners agree otherwise. A similar rule should be adopted by all jurisdictions, so that all private pension plans in Canada provide survivor benefits.

Moreover, protection for women under private plans would be further strengthened by providing for an optional division of pension rights on divorce, as is already available under the Canada and Quebec Pension Plans. There is an important principle involved here: pensions are joint assets in a family.

...10

Recognizing this principle is essential if we are to ensure that women will not be systematically discriminated against by the pension system.

The public programs must also be changed to respond better to women's needs. As I emphasized earlier, women working in the labour force would benefit greatly if the child-rearing drop-out provision were implemented. In addition, however, CPP protection must be extended to spouses working in the home.

There have been proposals to extend this kind of protection through systems of voluntary or mandatory contributions for homemakers. These proposals, however, raise serious problems of fairness and affordability.

Recently, the Honourable Judy Erola and I have asked women to consider another proposal which would overcome these problems and still provide personal pension protection for homemakers. This proposal is based on the concept that pension credits, earned by either spouse, are really "joint assets" and that both partners have the right to share in the pension protection these assets afford. We have already seen this concept work in the case of spouses whose marriage ends in divorce. Surely, the same principle must be extended to spouses whose marriages remain intact. In the event that a married homemaker retires, becomes disabled or dies, CPP pension credits should be divided so that the homemaker and/or her dependents would receive benefits based on her own fair share of the joint asset.

This principle of "an economic partnership", rather than a one-sided dependency, must be reflected in survivor benefits as well. Already, 50 percent of women are in the paid labour force so that there is increased likelihood that widows, especially younger widows, will be able to support themselves through paid employment. On that basis, a substantial "bridging benefit" payable for a relatively short period of time (say a few years,

...11

or as long as there were young children in the family) would be more useful to younger widows - for example, those under age 55 - than the small ongoing benefit currently paid under the public plans. Such a benefit would provide the surviving spouse with a "breathing space" in which to make the personal adjustment necessary to face long-term financial demands.

After this breathing space, a lower on-going benefit could be paid which would be based on the deceased contributor's actual accumulated pension credits. For surviving spouses close to retirement age, of course, special provisions would probably be needed since many would be unlikely to be able to enter the labour force. Such a continuing pension would recognize the long-term economic loss resulting from the death of the spouse and would help the survivor to maintain the previous standard of living, whether before or after retirement.

There is another group of people in our society who have very special needs. They are the disabled. I raise their special needs here because the Canada Pension Plan has, as an integral part of it, a disability benefit. If we are to make changes to the Canada Pension Plan, it makes sense, to make certain changes to the disability benefit. I have asked my provincial colleagues to study several specific proposals in this regard.

As well, a federal-provincial study has been launched to examine the possibilities of establishing a comprehensive disability protection program in Canada. Improving the retirement income system alone, will not solve the immediate income problems of the disabled.

Today I have brought you many of the ideas that are being given careful consideration by the Government of Canada. These ideas will be placed before the country very shortly in the Pension Reform Paper. The Paper will present two kinds of ideas

for discussion. We will have specific proposals for change representing the position of the Government of Canada. These are being put forward for reaction and negotiation, and I have alluded in my remarks to the kinds of proposals you might expect. Secondly, we will identify options for the possible expansion of private or public plans. These options are being put forward for one more round of consultations before a definitive government position is taken.

I cannot specify what I think the final outcome of pension reform will be. For my part, the criteria I will use to assess options for reform are how much they will provide - whether they will meet the greatest need and assure pensions where none are available now - and how quickly they can begin to produce meaningful results.

However, there are other considerations. For instance, I am sure you are concerned about when you can expect to see legislation. I am sure you are also worried about the economic impacts of pension reform. I am also sure that many of you are concerned about the plight of small business, maybe even your small business.

Let me assure you that the Government of Canada is very much aware of the difficulties facing business, especially small business today. No action will be taken which will disrupt the economy. Small business will not be strangled with sudden increases in employee costs.

I also want to assure you, the pension industry, that there is a role and always will be, for private retirement savings vehicles. No one is suggesting that voluntary savings should cease.

Let me remind you that the Government of Canada cannot act unilaterally in the area of pension reform. We have stated that we intend to bring single pensioners out of poverty by increasing

the Guaranteed Income Supplement - and that is one action we can and will take on our own.

For the rest, we will need agreement by federal and provincial governments. No one government has the monopoly in pension reform. Changes to the Canada Pension Plan require the consent of Parliament, as well as the consent of two-thirds of the provinces with two-thirds of the population of Canada. Changes to bring about the adoption of uniform pension standards for private plans will also need the agreement of the federal and provincial governments.

I can't overemphasize the degree to which cooperation is necessary if we are going to achieve real pension reform. I was extremely pleased to hear Quebec's Finance Minister, Jacques Parizeau, make reference to that in his remarks at the University of Laval last month. Mr. Parizeau identified the need for "harmonization" between the Canada and Quebec Pension Plans - harmonization which would, as he recognized, be the result of negotiations and compromise.

Consultation cannot, however, be limited solely to governments. We believe very strongly that the public and special interest groups such as yourselves must also be consulted. Consequently, we will be discussing our proposals further with the pension industry, labour, women's groups, pensioner groups and the general public before final decisions on legislative actions are taken. In this regard, the government is giving very serious consideration to proposing to Parliament the establishment of a small all-party Parliamentary Committee to assist in this process. Over a limited period they will receive and debate positions from individuals and interest groups across the country. In this way we hope that reforms will truly reflect the desires and the needs of Canadians.

- 14 -

I would hope that the Canadian Pension Conference would play a prominent role in these consultations. Your organization could be a major forum for discussion. Your position in the pension industry is quite unique.

We, the Government of Canada, are counting on your cooperation. The people of Canada are counting on us.

::::::::::::::::::::

TAXATION COMMITTEE REPORT

June 30, 1982

June 28, 1982 Federal Government Budget

The recent Federal Budget has been presented with a hope of "moving from the 12% world of recession to the 6% world of recovery". The Federal Government has announced a 19.6 billion dollar deficit which it intends to reduce by limiting most Federal increases in spending to 6% in the next twelve months (5% in the following twelve months) and by increasing personal taxation. Voluntary wage constraints, control on the wages of Federal employees and higher personal taxes are the main theme in this Budget.

A small amount of change has occurred to the November, 1981 Budget proposals that affect Canadian dentists directly. This report is presented in an attempt to update the November Taxation Committee report and also to identify new aspects of this recent "6%-5% Budget".

While sufficient time has not been available for specific study of the budget papers, the following highlights are noted for your general information from media reports:

1. 6% Limit on Wage Increase 1982/83 - 5% in 1983/84

- The Budget urges all Canadians to limit their wage increases over the next twelve months to 6% and for the twelve months following that to 5%.
- Legislation has been introduced to specifically control public sector wage increases to these percentages.
- Since provincial governments are also being asked to adopt this policy, we may see future government-related fee schedule negotiations being affected by these guidelines. However, following the presentation of the Budget, the Canadian dollar continued to fall in relation to the U.S. dollar. Since almost all dental supplies and equipment are imported, higher overhead costs can be expected in the future.

... /2

Taxation Committee Report - June 30/82 ... cont'd.

- With stagnation of the construction industry, less new office space is being constructed and there is upward pressure on rental rates in existing buildings. In addition, the recent Budget suggests a near doubling of employer unemployment insurance contributions in 1983. Careful consideration will have to be given to what is a proper dental fee increase in the next two years so that the private practice dentist does not fall behind -- even the 6%-5% policy.
- It is assumed that private practice dentists are being asked to consider these guidelines when establishing dental offices employees' wages over the next two years.

2. Professional Management Committee

- A positive point in the Budget for professional management companies is that there is a delay in the November, 1981 Budget proposal for a 12.5% tax on dividend distribution. This delay is suggested for only one year.

3. Dental Plan Premiums

- The Budget offered no change to government intent to tax employee benefits such as dental plan premiums. The Association intends to continue its objections to this proposal.

4. Capital Cost Allowances

- The "half-year rule" still applies to capital cost allowances. Dental practices can only write off six months of capital cost allowances in the year they purchase major new equipment.
- This rule does not apparently apply to "quick write-off items" such as dental instruments. Clarification is being obtained on this item.

5. Personal Taxation Rates

- No change occurred to the 50% maximum tax rate established in the November 12, 1981 Budget.
- However, a reduction in the indexing factor for personal exemptions to 6% in 1982 and 5% in 1983 will mean that more income tax will be paid by all married Canadian taxpayers (with two dependents) who earn \$15,000 or more annually.

Taxation Committee Report - June 30, 1982 ... cont'd.

6. Investments

- the Federal Government has backed off from changing the rules involving interest deductibility. The rule which was to limit an individual's ability to write-off interest costs incurred for investment purposes will not come into play until at least 1983. However, interest cost deductibility will still not be allowed to buy Registered Retirement Savings Plan contributions.
- life insurance policy holders will not be taxed for interest income they have not received, provided that their policies have significant amounts of insurance protection relative to the tax deferral they offer.
- a special national committee has been established to study a Federal discussion paper on inflation and the taxation of personal investment income. Two specific items under study will be:
 - a) a proposal to apply the capital gains tax rule to the amount of capital gains in excess of the annual inflation rate, i.e. an indexing factor on capital gains. The new plan suggests that this rule would apply to purchase of common shares of Canadian corporations.
 - b) a proposal to create an indexed term deposit certificate to encourage Canadians to invest money with financial institutions such as banks and credit unions. Interest earned on these new deposit certificates would be taxed only on the amount of interest that exceeds the annual inflation rate.

The items above represent major influences of the June 28, 1982 Budget that affect the practices and personal investments of Canadian dentists. This report is not intended to give total budget information that affects all aspects of Canadian dentists' financial affairs. Consultation with tax advisors is strongly recommended so that each individual situation is properly assessed.

CDSPI
(INSURANCE & INVESTMENT)

REPORT OF C.D.S.P.I. TO THE CDA
1982 ANNUAL BOARD OF GOVERNORS

Members of the C.D.S.P.I. Board of Directors are:

Dr. G. Anthony
Dr. G.F. Copithorne
Dr. R. Dupont
Dr. J.C. Giguere
Dr. C.R. Hill
Dr. R.L. Moran
Dr. R.L. Rasmussen
Dr. R.D. Wells

Dr. J. Laporte
- CDA Executive Liaison

Members of the C.D.S.P.I. Management Committee are:

Dr. J.E. Durran
Dr. R.L. Moran
Dr. M.D. Charendoff

This written report contains information for the period March 1982 to June 7, 1982. Additional information will be added, as necessary, to update to September 1982 when this report is presented.

1. Canadian Dentists' Insurance Plans Holding Account

The unaudited figures for the year ended March 31, 1982 on this account are presented on page 2.

The 1982 Budget was presented and approved in our previous report to the CDA Board of Governors in March 1982.

C.D.I.P. HOLDING ACCOUNTUNAUDITED BALANCE SHEETAS AT MARCH 31, 1982ASSETSCurrent Assets:

Cash	\$ 128,569
Accounts Receivable	4,637
Prepaid Expenses	400
	<u>\$ 133,606</u>

LIABILITIESCurrent Liabilities:

Accounts Payable	\$ 535	
Deferred Revenue	<u>54,974</u>	\$ 55,509

FUND EQUITY

Balance April 1, 1981	\$ 95,847	
Excess (Deficiency) of Revenue over		
Expenditures for the twelve months		
ended March 31, 1982	<u>(17,750)</u>	<u>78,097</u>
		<u>\$ 133,606</u>

C.D.I.P. HOLDING ACCOUNTUNAUDITED STATEMENT OF REVENUE AND EXPENDITURESFOR THE YEAR ENDED MARCH 31, 1982

	<u>TWELVE MONTHS</u>	
	<u>ACTUAL</u>	<u>BUDGET</u>
<u>REVENUE:</u>		
% of net insurance premiums collected	\$ 86,230	\$ 52,196
Interest Earned	<u>17,026</u>	<u>12,808</u>
	<u>103,256</u>	<u>65,004</u>
<u>EXPENDITURES:</u>		
Plans Audit	8,500	6,000
Benefit Committee Meeting	5,704	12,000
Graduate Package	21,790	66,517
Promotion - Travel	21,604	17,775
- Advertising	45,019	29,000
- Exhibits	3,428	4,250
- Reports/Surveys	9,356	20,500
- Toll-Free Cards/Stickers	<u>5,605</u>	<u>-</u>
	<u>121,006</u>	<u>156,042</u>
<u>EXCESS (DEFICIENCY) OF REVENUE OVER</u>		
<u>EXPENDITURES FOR THE TWELVE MONTHS</u>		
<u>ENDED MARCH 31, 1982</u>	<u>\$ (17,750)</u>	<u>\$ (91,038)</u>

2. Eligibility

CDSPI solicitors have drafted the following "Eligibility Definition":

An individual who, on the date on which the application for insurance is received by CDSPI at its head office, is either an Eligible Member or a Designated Eligible Member, is eligible to participate in the Plan.

"Eligible Member" means a dentist who is licensed or possesses a certificate to practice dentistry in a province or territory of Canada and who is a member of the Canadian Dental Association and/or a participating Provincial Dental Association.

"Designated Eligible Member" means a person who is in any of the following categories and who is designated as a Designated Eligible Member by the Canadian Dental Association and/or a participating Provincial Dental Association:

- (a) Dental Hygienists who possess a certificate to practice their profession in a province or territory of Canada;
- (b) Individuals who are employed by an Eligible Member or by any participating Dental Association or affiliated Association;
- (c) Fulltime students and graduate students in a school or Faculty of Dentistry who are members in good standing of either the Canadian Dental Association or a participating Provincial Dental Association; and
- (d) Any other individuals named by the Canadian Dental Association or a participating Provincial Dental Association as Designated Eligible Members in respect of the Plan.

The C.D.S.P.I. Board of Directors recommended to the CDA Board of Governors:

THAT whereas eligibility has not been defined, the Directors of C.D.S.P.I. request that this definition of eligibility be forwarded to the Canadian Dental Association for approval and dentists who are affected will be notified of their eligibility status by registered mail.

The draft letter re "eligibility notification" is attached.

Appendix 1

The Board disagreed with the "Eligibility Definition" and it is therefore
(Page 3 (a))

RESOLVED:

82.60 *THAT* whereas *elibility* for participation in CDSPI insurance programs has not been defined, the Directors of CDSPI be requested to implement the following definition of eligibility:

"Eligible Member" means a dentist who is licensed or possesses a certificate to practice dentistry in a province or territory of Canada who is a member of the Canadian Dental Association and/or a participating provincial dental association;

"Designated Eligible Member" means a person who is in any of the following categories and who is designated as a Designated Eligible Member by the Canadian Dental Association:

- (a) *individuals who are employed by an Eligible Member or by any participating Dental Association;*
- (b) *full-time students and graduate students in a school or faculty of dentistry who are members in good standing of either the CDA or a participating provincial dental association;*
- (c) *any other individuals named by the Canadian Dental Association as Designated Eligible members in respect of the Plan; and*

THAT all present participants who do not meet these eligibility definitions be notified of their eligibility status by registered mail.

ADOPTED

3. Excess Malpractice Insurance Coverage

The current coverage available under this Plan is for \$500,000 per claim with a calendar year maximum of \$1,500,000 or \$1,000,000 per claim subject to a \$3,000,000 maximum per calendar year. It is proposed to offer excess coverage for an additional amount of \$1,000,000 per claim subject to an annual aggregate limit of \$3,000,000 for all claims. In effect, this would increase a dentist's coverage from one to two million dollars per claim.

The annual premium would be \$28.75.

RESOLVED:

- 82.61 *THAT the excess limit for malpractice insurance (an additional amount of \$1,000,000 per claim subject to an annual aggregate limit of \$3,000,000 for all claims, to be excess coverage, in excess of the current \$1,000,000/\$3,000,000 option available) and the premium rate of \$28.75 be presented to the CDA for approval and implemented as of January 1, 1983.*

ADOPTED

4. Legal Expense Insurance

A transcript of our discussions on this topic at the March 20, 1982 Board of Governors meeting was requested in order that all questions and concerns expressed at that meeting could be dealt with. (Appendix II)

The items put forth were forwarded to our Consultant in April 1982 and they are currently working on this project. Many new questions have been asked and will require examination as a result of our discussions. We hope to be able to provide a further update at the meeting.

MOTION FROM THE FLOOR:

RESOLVED:

- 82.62 *THAT CDA is not in favour of legal expense insurance being available through CDSPI; and*

FURTHER THAT CDSPI be requested to discontinue investigation into this matter.

5. CDA Retirement Savings Plan

Acknowledgement of receipt of the Submission to the Ontario Securities Commission has been received. There is no further information available at the time of writing. A copy of the 1982 Annual Report will be sent to the CDA when it has been printed.

6. Experience Reports

Experience Reports were included in our March 1982 Report to the CDA Board of Governors.

For your information, the total Gross Premiums collected for all Plans were as follows:

		<u>% Increase</u>
1978	\$4,766,065	-
1979	5,594,668	17.4%
1980	6,716,033	20.0%
1981	7,479,703	11.4%
1982 (Projected)	8,400,000	12.3%

Imperial Life has also agreed to the pooling limit of \$130,000 previously approved by this Board.

7. Staff Benefit Plan

In our last report, approval was given to include the Staff Plan LTD Program in the LTD pool of CDIP in order to obtain a 10% COLA feature. This has now been implemented as part of the Plan, and offered to all Provincial Associations (Societies) and other CDA affiliated organizations for their staffs. To date, six of these organizations are participating. We are currently looking at the costs to add Extended Health Care coverage to this Plan.

8. Administration Agreements with Carriers

Part of the In-House Administration Report approved by the Board of Governors in March contained a draft Agreement which was to be entered into between CDA, CDSPI, and the Insurers, relating to CDSPI performing certain administrative duties.

These Agreements have been completed and signed by the Insurers and CDSPI and, based on the March approval by the CDA Board, will be signed by the CDA.

9. Enrollment Statistics

Enrollment activity (applications for insurance) for the first four months of 1982 was the best ever experienced by the CDIP.

The 21.7% increase in application activity does not include the special COLA Open Enrollment in October 1981 which added another 2,000 applications with coverage effective from January 1, 1982.

The 1982 Graduate Insurance Program recorded 183 applications to the end of April or about 40% of the total number of applications expected from Graduates. (Appendix III)

10. Logo

A new Logo has been developed for CDSPI as well as for that of Canadian Dentists Insurance Program, CDA Retirement Savings Plan and Extended Health Care Plan. (Appendix IV)

Discussions with legal counsel have revealed that the Logo, as approved for registration at the CDA Board meeting in Calgary, could not be registered as there is nothing specifically individualistic or significant about a plain "four blue squares" logo.

Since it is desirable to present the proposed logo in colour, it is not reproduced in this report. However, it will be available for the September meeting for your viewing.

In addition to the actual logo, it is proposed that a slogan be printed on the bottom of all CDSPI letterhead as well as on the front page of all printed material which is distributed to the profession. This slogan will read:

"Programs co-sponsored by your national and provincial associations."

"Régimes parrainés par vos associations dentaires nationale et provinciales."

The C.D.S.P.I. Board of Directors recommends to the CDA Board of Governors the registration of the new logo and slogan.

RESOLVED:

82.63 *THAT the Board of Governors accept the registration of the new logo and slogan for CDSPI, with the exception of the CDSPI logo for Extended Health Care Plans.*

ADOPTED

11. Highlights

It has been suggested that, subsequent to the CDSPI Report to the CDA Board of Governors, a summary of the highlights or actions taken be prepared by CDSPI and distributed to the CDA Board members for their use in Provincial and Local Society presentations. It would be appreciated if the Board members would give written guidance as to whether they feel that such a summary is useful or necessary.

MOTION FROM THE FLOOR:

RESOLVED:

82.65 *THAT a CDSPI summary of highlights or actions be prepared for use at local society presentations.*

ADOPTED

12. Instant Cash on Death

The terms of this coverage have been finalized in accordance with the direction received from the March CDA Board of Governors meeting.

The insurer requires that the Policy Holder (CDA) accept liability in case of payment to an incorrect party. Therefore, a Board motion is necessary, and it is

RESOLVED:

82.66 *THAT a payment to an incorrect party will be a charge to the retention of the Life Plan.*

ADOPTED

It should be recalled that there are stringent verification procedures, but it must be stated that a policy may be assigned and neither the Administrator nor the Insurer might be aware. It is felt that the risk to the plan is minimal due to the size of the payment limit and the number of claims.

13. Risk Analysis/Improvements - Life Plan

At the May 1982 CDSPI Board of Directors meeting, our consultants presented the results of a study commissioned by the CDSPI Board in January 1982.

The study was done in order to establish the most appropriate pooling level for large amount claims. At the present time, the Life program is at risk for the first \$130,000 coverage and any amount in excess of that is paid by the Insurer.

Risk Analysis - continued

This risk analysis related to the Life Insurance component of the Canadian Dentists' Insurance Program. It became apparent that an analysis of the long term disability component was necessary before any recommendations could be developed as to the future design of our insurance coverage in these areas. Reed Stenhouse has been requested to carry out this analysis.

In addition, consideration is being given to the implementation of a "Non-Smokers" coverage.

MOTION FROM THE FLOOR:

RESOLVED:

82.66 *THAT CDSPI investigate special rates
for implementation of a plan for non-
smokers.*

ADOPTED

Item 13, as noted, is presented as information at this time and will be considered by the CDSPI Board of Directors at its September meeting which is immediately subsequent to the CDA Board of Governors meeting.

Respectfully submitted,

J.E. Durran, D.D.S.,
President,
Canadian Dental Services Plans Inc.
and
Chairman,
CDA Council on Insurance & Investment

ADOPTION OF REPORT

The Board of Governors accepts the report of the CDSPI (Council on Insurance and Investment) with appreciation.

DRAFT LETTER RE ELIGIBILITY

Registered Mail

Dear Participant:

At the request of the Canadian Dental Association, and the ten provincial co-sponsors of the insurance plans, Canadian Dental Service Plans Inc., has reviewed the files of all the participants in our programs.

In order to participate in your programs, eligibility standards must be met and maintained. One of the requirements relating to this eligibility, is continuing membership in the Canadian Dental Association, or in the Provinces of Ontario and Quebec, the respective provincial associations.

A check of the membership listings of these organizations, as at December 1, 1981, indicates that you apparently are currently not a member in these organizations.

As a result of this finding, your status for further participation in the insurance program is that of an ineligible participant. This means that the insurance you now have through the program will remain in force as long as premiums are paid but no addition to coverage can be obtained.

We would encourage you at this time to rectify this ineligible status, by obtaining membership in the Canadian Dental Association, or in the ODA or the QDSA (ACDQ).

If you do so obtain this membership, and forward a letter to my attention confirming such membership, we will be pleased to alter the status of your eligibility on our files.

If, in the event, our original finding relating to your status is inaccurate, we would appreciate your forwarding proof of your membership for the year 1982, to my attention, and we will be pleased to adjust your records accordingly.

You must maintain your eligibility status in order to participate in the plans, which are co-sponsored by the CDA and all provincial associations. Participation is one of the benefits of such membership.

DRAFT LETTER RE ELÈGIBILITY

Poste recommandée

Cher participant:

À la demande expresse de l'Association Dentaire Canadienne ainsi que des dix commanditaires provinciaux des régimes d'assurance, la régime d'assurance des dentistes du Canada, a procédé à la vérification du statut de tous les participants à notre programme.

Afin de pouvoir participer à vos programmes, certaines normes d'éligibilité doivent être établies et respectées. Une de ces normes concernant cette question d'éligibilité a trait à une adhésion continue à l'Association Dentaire Canadienne, ou dans les provinces de Québec et d'Ontario, aux associations provinciales respectives.

Une vérification des listes de membres de ces organisations indiquent qu'au 1^{er} décembre 1981, vous n'étiez apparemment pas membre en règle de ces organismes.

Suite à cette vérification votre statut en tant que participant de plein droit à ces programmes est devenu périmé. Ceci veut donc dire que l'assurance que vous avez maintenant, grâce à ces programmes, restera en vigueur aussi longtemps que les primes seront payées mais vous ne pouvez obtenir aucune protection supplémentaire.

Nous vous encourageons fortement par la présente à remettre votre statut à l'état actif en adhérant soit à l'Association Dentaire Canadienne ou à l'ACDQ ou à l'ODA.

Si vous obtenez un tel statut de membre et que vous me faites parvenir une lettre attestant d'une telle adhésion nous nous empresserons de changer votre statut d'éligibilité dans nos dossiers.

Si toutefois notre vérification concernant votre statut d'éligibilité n'est pas exacte, nous vous prions de nous faire parvenir une preuve de votre statut de membre pour l'année 1982, en adressant le tout à mes soins, et nous mettrons vos dossiers à jour dans les plus brefs délais.

Pour profiter des bénéfices offerts par une participation aux régimes qui sont commandités par l'ADC et toutes les associations provinciales vous devez garder votre statut de membre actif en bonne et due forme.

Veuillez agréer l'expression de nos sentiments distingués.

LEGAL EXPENSE INSURANCE

(Précis of Questions asked at March CDA Board of Governors Meeting and Current Answers)

1. Question - *Would this legal insurance be available to a corporate body or only to individual members?*

Answer:

The particular package presented at the March meeting (\$2,000 deductible, \$25,000 limit, \$29.40 gross premium) is available only to individual members. A different program would have to be looked at relating to corporate bodies.

2. Question - *Is it possible to get a rate for the corporate body coverage?*

Answer:

This type of coverage is available for corporate bodies. The insurer does however consider these legal costs for the Associations as "part of the cost of doing business" as the "provincial bodies are responsible for the maintenance of discipline and the handling of investigations involving defalcations and disbarment actions". The insurer would look at this form of insurance to the following:

1. A substantial annual aggregate deductible
2. Restricted coverage to only legal expenses in connection with disciplinary hearings
3. Before a quotation and deductible can be given each Corporate body must provide to the insurer:
 - (a) Complete experience going back 10 years, showing each itemized case and legal expenses associated with each.
 - (b) Length of time of each case.
 - (c) Findings of each case (innocent or guilty).
 - (d) Number of appeal cases.

3. Question - *We have no stop-loss, we have no financial responsibility, no guaranteed participation and a rate of \$29.50 per year, \$25,000 limit*

Answer:

There is no further financial responsibility for CDA or CDSPI based on the quotation received relating to individual member coverage. The insurer in their rate making, have accepted some element of risk in order to get a Plan going.

4. Question - *Is the appeal process of a case covered under the proposed plan?*

Answer:

The parameters of the Plan relate to the definition "insurance referring to those legal expenses incurred by the participant as a result of Provincial Disciplinary Hearings by a Licensing Board". The quote originally obtained did not include the "appeal Stage" of any hearings. If in fact there are to be appeal costs, the coverage would have to change and the original premium quote would alter. The amount of premium increase cannot be calculated unless at least 5 years of "appeal stage" data can be reviewed.

5. Question - *Is it possible to get statistics as to how many dentists are now carrying this type of coverage?*

6. *How many insurance companies offer this type of coverage?
At what premium? What does Lloyds of London have available?*

Answer:

No available means could be found to determine how many Canadian dentists are currently carrying this type of coverage. The ADA offers no such coverage. There are very few if any markets available on a private basis in Canada that sell this type of insurance and only one other market prepared to offer on a Group Basis. Lloyds of London do have a Plan which covers defensive actions brought before industrial tribunals for unfair dismissal of staff. Also, all British Doctors and Dentists are members of certain "Defence Societies" which provide legal defence before disciplinary bodies as well as providing defence in malpractice suits.

The Medical Defence Union in London is prepared to accept Canadian Dentists and provide their full range of services for a fee of \$115 Cdn. per dentist. Defence would be conducted by certain specialist Canadian Law Firms. This "Defence" mostly relates to what we know as Malpractice Insurance.

7. Question - *Is it possible or would there be some method that we would be assured that it could not be taken out if a person knew a hearing was pending?*

What type of screening process would be available to initial applicants?

Answer:

The Plan would not be available to those dentists found culpable by a Disciplinary Committee in the previous 12 months. There would have to be some form of eligibility verification process on application by checking with the respective Corporate Bodies.

8. Question - *If I had had a hearing, would that jeopardize my rates next year*
(a) *if found innocent?*
(b) *if found guilty?*

Answer:

We don't know. The Plan as proposed is new. This type of insurance has only been admitted to Canada as a class of insurance by the Department of Insurance about one year ago. The Underwriter has the right to select or reject anyone with or without permission of the sponsor based on Plan experience. We would negotiate however, for this to be reviewed with CDSPI, prior to refusal. Such is the case now with the Malpractice Policy.

9. Question - *Cases go on sometimes for years. This is renewable on a year to year basis. What happens if an insurer drops the plan at the end of a period but cases are still going on?*

Answer:

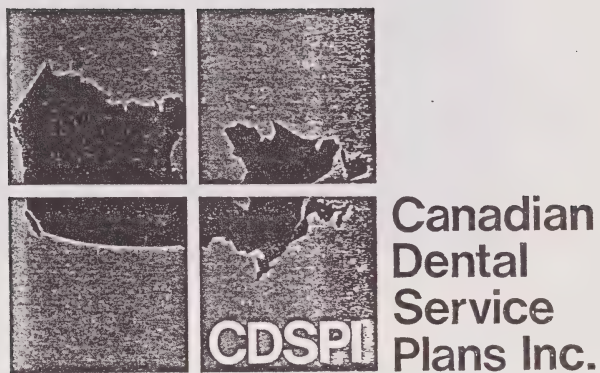
The Plan was quoted on the basis of an annual enrollment. The insurer would not be able to drop the plan without a reasonable cancellation period of 3 to 6 months and would be responsible for all cases and costs in effect during the term of the contract including those not yet completed at the time of contract termination.

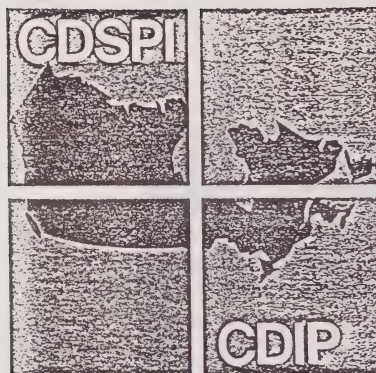
10. Statement - Summary

You have directed your questions to CDSPI... now I think you should go home and direct them to your Boards and give it some more detailed study, and each corporate member come back and be prepared to give some sort of report.

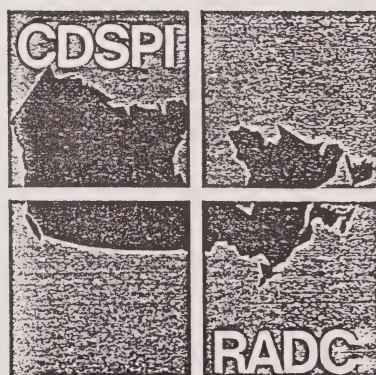
Appendix III

	<u>1982</u>	<u>1981</u>
Total applications - request for insurance	2,321	1,907
Life Insurance	430	345
Dependent Life	83	79
A.D. & D.	281	238
Long Term Disability	559	447
Office Overhead	262	239
Office Contents	175	155
Earnings	119	129
General Liability	184	114
Malpractice	<u>228</u>	<u>161</u>
	<u>2,321</u>	<u>1,907</u>

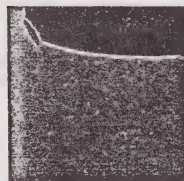




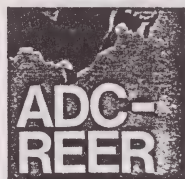
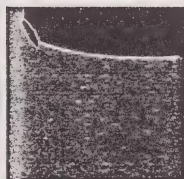
**Canadian
Dentists'
Insurance
Program**



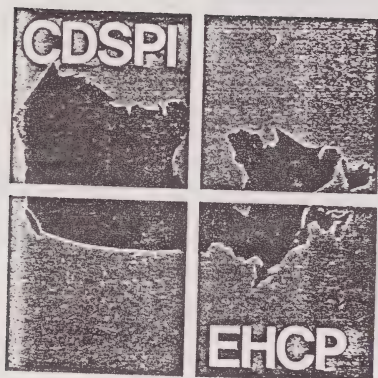
**Le régime
d'assurance
des dentistes
du Canada**



Registered
Retirement
Savings
Plans

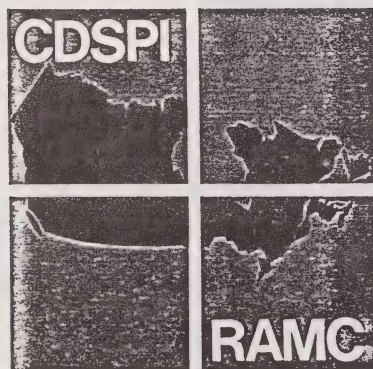


Régime
enregistré
d'épargne –
retraite



- - - NOT APPROVED

**Extended
Health
Care
Plan**



- - - NON AGRÉÉE

**Régime
d'assurance
maladie
complémentaire**

ADDENDUM TO CDSPI REPORT TO THE CDA
BOARD OF GOVERNORS MAY 1982

Declination of Insurance

CDSPI has completed a review of the procedures relating to declination of insurance, and as a result has vastly modified the system in order that there can be a follow-up and personal assistance by CDSPI on each declination case.

The new system will operate as follows:

1. When the insurer declines an application, a notice is forwarded to the Plan Administrator and to CDSPI.
2. A letter from the administrator is then issued to the applicant (Schedule I).
3. On the copy to CDSPI (Schedule 2) the Insurer will add a note stating that they may be able to consider the issue of individual insurance or insurance with a rider; or it may be a total decline. If we require additional information we discuss the case with the Underwriting Department and verify the options which may be offered to the applicant.
4. A letter from CDSPI will then be sent to the applicant, giving information about alternatives available and offering assistance if the applicant decides to pursue the matter (Schedule 3).

All such cases are recorded and monitored over a six-month period for statistical purposes.

We trust the new procedures will assist members relating to this matter.

May 7, 1982

0

Dear 0

Re: Canadian Dentists' Insurance Program
Account No. 0

We have been advised by Imperial Life that they have been unable to accept your application for \$0 for 0, for medical reasons.

This information is held in strict confidence by Imperial Life but they will be pleased to release the information to your physician upon receipt of your authorization. This authorization, together with the name and address of your physician, should be forwarded to:

Dr. T. Porter
Medical Director
Imperial Life Assurance Company
of Canada
95 St. Clair Avenue West
Toronto, Ontario
M4V 1N7

After you have discussed this information with your physician, you may not agree with Imperial's reason for declination, also, you may wish to dispute these reasons. If you do, your physician should arrange an appointment with a specialist in a field related to Imperial's reason for declination. The Canadian Dentists' Insurance Program provides for payment of the specialist's fee through Imperial Life, but not for any travel expenses incurred.

- 2 -

May 7, 1982

If you do not wish to involve a specialist, Imperial Life have indicated that they may be able to provide Long Term Disability Insurance on an individual policy with a possible waiver related to their reason for declination. They require your signature on the enclosed authorization form after which they will communicate with you direct. A self-addressed envelope is enclosed for your convenience.

Yours very truly

REED STENHOUSE ASSOCIATES LIMITED

Noorein Rahman
Administrator

NR:rs
Enclosures

CANADIAN DENTISTS' INSURANCE PROGRAM

AUTHORIZATION

Name: Q
Account No.: Q
Province: Q

I HEREBY AUTHORIZE any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, the Medical Information Bureau or other organization, institution or person, that has any records or knowledge of me or my health, to give to Reed Stenhouse Associates Limited any such information. A photographic copy of this authorization shall be as valid as the original.

Dated this day of 19....
Signature of Dentist

Schedule 2

Canadian dentists' insurance program

JUL 29 1982

REQUEST FOR APPROVAL

Name of Applicant

Province

Date Sent

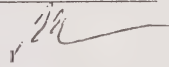
Account No

Plan	Amount	Additional or New	Eligibility Period	Date Approved	Date Effective	Date Declined	Sub- standard Available
1. Basic Life			N/A				
2. Dependents' Life			N/A				
2a. Children			N/A				N/A
3. Long Term Disability	1600	A	A			7/7/82	
4. Office Overhead							N/A

Comments: (Life to be insured, file closed, etc.)

For Individual

- could be considered with waiver
and/or extra premium 22/7/82


 Administrator



**Canadian
Dental
Service
Plans Inc.**

Suite 600, 2 Lansing Square
Willowdale, Ontario
M2J 4Z3

Telephone: (416) 497-7117
1-800-268-5418

August 3, 1983

Dear Dr.

Within the last week, you should have received notification that your application for Long Term Disability Insurance was declined by Imperial Life. The decision is perhaps disappointing, however, there is a possibility you may wish to consider.

It is a normal practice for CDSPI to check all declinations with Imperial Life to determine if an alternative is possible. In your case, although Imperial cannot accept the application under the Canadian dentists' Insurance Program, they will consider the issue of Long Term Disability Insurance on an individual basis with a waiver clause or perhaps an extra rating.

If you are interested in pursuing this possibility, please call CDSPI at 497-7117 or 1-800-268-5418 if calling long distance.

Sincerely,

A handwritten signature in cursive script, reading "Cyril J. Gallant".

Cyril J. Gallant, CLU
Director of Plans

CJG/pso

CANADIAN DENTAL SERVICE PLANS INC.
(CDA Council on Insurance and Investments)

UPDATE REPORT TO THE CANADIAN DENTAL ASSOCIATION BOARD OF GOVERNORS

SATURDAY, SEPTEMBER 25, 1982

On Tuesday, August 24, 1982, the CDSPI Board of Directors held a Conference Call to discuss a number of items requiring their immediate attention prior to your meeting.

From this meeting has come recommendations which are noted in this update report. Background material of each topic is also included in condensed form.

These items will be presented by the President of CDSPI during his report from the Council, for your consideration.

Item No. 1 - 1983 General Insurance Rates (Pages 2 - 5)

Item No. 2 - Concept of Non-Smokers Rates (Pages 6 - 12)

Because of subsequent Management Committee Meetings after this Conference Call and the fact that the CDSPI's Directors Meeting will not be held until Sunday, September 26, two recommendations will be made by the Management Committee to the Board of Directors of CDSPI for their consideration. These will also be mentioned by Dr. Durran and are noted on Page 13.

ITEM NO. 1 - 1983 GENERAL INSURANCE RATES

Almost immediately after the May Board of Directors Meeting of CDSPI, and upon receipt of first quarter experience figures relating to the General Insurance Program, the Management Committee of CDSPI has been involved in many lengthy and detailed discussions at the Committee level as well as with our consultants.

It became very evident that, because of the experience figures being reviewed and comments made by the insurer, negotiations relating to 1983 rates should commence as early as possible.

Initially, the insurer indicated that it would be necessary to review the program immediately and implement a premium increase as of July 1, 1982. Our response at that time was that this could not be done, because of the procedures necessary at the Board level in order to approve the premium increase and secondly the requirement that their concerns be justified with a proper presentation of figures for review by and comment of our consultants and the Management Committee of CDSPI.

Consequently, the 1983 premium year began its first of many phases of negotiations.

On July 15, CDSPI received the first proposal through our consultants based on the preliminary renewal negotiations. This report was reviewed by the Management Committee of CDSPI on July 16, and further reviewed at a meeting on July 20 with three representatives from the consultants in attendance.

At that meeting, dissatisfaction was expressed with the reporting system that was being used relating to the General Insurance Program and our instructions to our Consultant was to return to the insurer and request further information in order to substantiate the rates that they were requesting.

On August 5, a second proposal was received from the insurer through our consultant which was reviewed by the Management Committee of CDSPI on August 10, 1982.

We draw your attention to the attached Schedule 1 which relates to the rates currently in force for both Malpractice and General Liability coverage, and the proposed rates contained in the original quotation of July 15 and the second quotation of August 5.

After considerable discussions by the Management Committee and based on the statistical contents of the reports and figures available relating to experience (Schedule 2), reserves and increased development costs, and the increase of the frequency and size of claims in the past year both in the Malpractice and General Liability areas, the Management Committee presented a recommendation to the Board of Directors of CDSPI at a Conference Call on Tuesday, August 24, 1982. It is therefore,

RESOLVED:

82.67 *THAT the 1983 General Insurance rates be that stated in the proposal from Reed Stenhouse dated August 5, 1982* and , further:*

THAT a detailed discussion of the entire General Insurance program, its present status, the 1983 quotations and the direction to be taken for the future years be placed on the agenda of the Board of Directors of CDSPI for their meeting of September 26, 1982.

ADOPTED

*Malpractice

Coverage would now be:

1. A basic \$1,000,000 coverage for all participants, eliminating the \$500,000 option.
2. The annual premium for \$1,000,000 malpractice coverage would be \$160.00 per annum.

Comprehensive General Liability

1. A basic \$1,000,000 coverage for all participants with the \$500,000 option eliminated.
2. The annual premium for \$1,000,000 general liability coverage would be \$40.80.

COMPARISON OF RATES RE GUARDIAN 1983 RENEWAL
(all rates on an annual basis)

Schedule 1

4.

Malpractice

Coverage	Current Premium	Original Quotation		2nd Quotation		Number
		Rate	% Increase	Rate	% Increase	
\$ 500,000*	\$ 85.84	\$171.78	100.0%	\$160.00	86.4%	1376
\$1,000,000	\$110.76	\$196.60	77.5%	\$160.00	44.5%	4540

Note:

- 1.* Under 2nd Quotation \$500,000 coverage no longer offered.
2. Under original or 2nd Quotation, auxiliary coverage of \$500,000/\$1,000,000 for \$13.84 and \$19.40 respectively remains unchanged.
3. Excess \$1,000,000 quotation previously received remains the same at \$29.85 per annum.
4. Under original quotation, total premium dollar was \$1,128,933. Under 2nd quotation, total premium dollar is \$960,000. Current premium is \$560,000. Original quotation, therefore, asked for an overall increase of \$568,933 (101.6%). 2nd quotation asks for an overall increase of \$400,000 (71.4%) with an increased coverage exposure to 1376 individuals (those switching to \$1,000,000 from \$500,000).

General Liability

Coverage	Current Premium	Original Quotation		2nd Quotation		Number
		Rate	% Increase	Rate	% Increase	
\$ 500,000*	\$ 16.88	\$46.88	177.7%	\$ 40.80	141.7%	1943
\$1,000,000 (incl. OC Pkg.)	\$ 20.40	\$50.40	147.0%	\$ 40.80	100.0%	1594
\$ 500,000* (without OC Pkg.)	\$ 16.88	\$46.88	177.7%	\$ 40.80	141.7%	1170
\$1,000,000 (without OC pkg.)	\$ 20.40	\$50.40	147.0%	\$ 40.80	100.0%	667

- 1.* Under 2nd Quotation \$500,000 no longer offered. All coverage is \$1,000,000.
2. Under original quotation a 10% increase was proposed for office contents premium.
3. Under original quotation, total premium dollar was \$262,890. Under 2nd quotation, total premium dollar is \$219,258. Current premium for CGL is \$98,670 (bulk of this from office contents premium approximately \$60,000). Original quotation, therefore, asked for an overall measure of \$164,220 (16.6%). 2nd quotation asks for an overall increase of \$120,588 (12.2%) with increase coverage exposure to 3113 individuals, (those switching to \$1,000,000 from \$500,000).

ITEM NO. 2 - CONCEPT OF NON-SMOKERS RATES

For this item, we are attaching the report circulated to the Board of Directors of CDSPI in their Meeting Book.

This material will provide you with some initial information on this topic and it is hoped that our consultants will have provided actual rates which can be presented by Dr. Durran at the Board of Governors Meeting.

TO: C.D.S.P.I. Board of Directors
FROM: C.D.S.P.I. Management Committee
RE: Non-Smokers Rates - Life Program

DATE: August 26, 1982

It is now a fact of the Insurance Industry that non-smokers rates are dominating the Life Insurance market at this time. Almost every insurance company in Canada now offers a two-tier premium structure and are heavily promoting a "non-smokers rate".

Our Service area has been receiving some calls relating to non-smokers rates, and those participants now contacting us are stating that they can obtain similar coverage for less at a non-smokers premium.

As a result of these contacts we began, in mid June, to do some comparisons with other programs (Schedule 1) and, in addition, officially requested that Reed Stenhouse perform some detailed comparisons as well as provide us with their opinion on this subject. (Schedule 2 and 3)

In addition to reviewing the correspondence and data provided by Reed Stenhouse as shown in these Schedules, discussions were held with Reed Stenhouse representatives at a meeting on August 18, 1982 with the Management Committee.

As a result of this meeting, the Management Committee instructed Reed Stenhouse to look at the concept of non-smokers rates on the basis that we should implement a two-tier structure in order to be competitive but did not want, in any way, to increase the current premium rates.

As you are aware, from the Conference Call on August 24, 1982, we asked you to approve the concept of non-smokers rates, based on the fact that they would be less than our current rates in order that this matter could go to the CDA Board of Governors prior to our Directors Meeting in September.

Reed Stenhouse has said that they would endeavour to provide for us, in September, the proposed rates which can be reviewed and considered for approval at that time, in order that they can be implemented as of January 1, 1983.

Our timing on this basis is crucial as, in order to prevent the loss of an entire premium year from a non-competitive standpoint, all must be set and ready for invoicing by mid November 1982.

We look forward to being able to present to you non-smokers rates as prepared and presented by Reed Stenhouse at the September Directors Meeting.

June 30, 1982

TO: Management Committee

FROM: Cyril Gallant

Annual Rates Per \$1,000 of Insurance

<u>Age</u>	<u>STANDARD</u>		<u>NON-SMOKERS</u>		<u>CDIP</u>
	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male or Female</u>
Less than 25	1.80	1.44	1.32	.96	.86
25 - 29	1.80	1.44	1.32	.96	.97
30 - 34	2.16	1.68	1.44	1.20	1.14
35 - 39	2.88	2.16	1.80	1.44	1.43
40 - 44	4.68	3.48	2.52	2.04	2.08
45 - 49	7.08	5.28	3.84	3.00	3.36
50 - 54	10.44	7.68	5.76	4.08	5.36
55 - 60	15.60	10.80	9.60	7.20	6.70
61 - Over	N/A			N/A	

University of Toronto Alumni Association introduced a Group Life Insurance Program in June with North American Life Assurance Company as the insurer.

The program quotes standard rates for male and female alumni as well as special Non-Smokers discounted rates for both male and female.

The following is a comparison of these rates with the current rates of the Canadian Dentists' Insurance Program.

June 30, 1982

TO: Management Committee

FROM: Cyril Gallant

Annual Rates Per \$1,000 of Insurance

<u>Age</u>	<u>STANDARD</u>		<u>NON-SMOKERS</u>		<u>CDIP</u>
	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male or Female</u>
Less than 25	1.80	1.44	1.32	.96	.86
25 - 29	1.80	1.44	1.32	.96	.97
30 - 34	2.16	1.68	1.44	1.20	1.14
35 - 39	2.88	2.16	1.80	1.44	1.43
40 - 44	4.68	3.48	2.52	2.04	2.08
45 - 49	7.08	5.28	3.84	3.00	3.36
50 - 54	10.44	7.68	5.76	4.08	5.36
55 - 60	15.60	10.80	9.60	7.20	6.70
61 - Over	N/A			N/A	

University of Toronto Alumni Association introduced a Group Life Insurance Program in June with North American Life Assurance Company as the insurer.

The program quotes standard rates for male and female alumni as well as special Non-Smokers discounted rates for both male and female.

The following is a comparison of these rates with the current rates of the Canadian Dentists' Insurance Program.

REED STENHOUSE

August 6, 1982

Reed Stenhouse Associates Limited
Consultants and Actuaries
P.O. Box 279, Toronto Dominion Centre
Toronto, Ontario M5K 1J5
(416) 868-5700 Telex 06 219611

Mr. Kingsley Butler
Canadian Dental Service Plans Inc.
2 Lansing Square, Suite 600
Willowdale, Ontario

Dear Kingsley

RE: NON-SMOKER RATES - ITEM #65

You will notice from the attached comparison that CDIP rates become less competitive to insurer's non-smoking rates at approximately age 40.

In discussions with Imperial Life, their only concern and certainly ours as well, is that we maintain premium rates which satisfactorily support the claims experience under your Life Plan. Assuming there is a 50/50 split between smokers and non-smokers, then any reduction for one would be balanced by an equal increase for the other. Imperial suggest that an even split was the case two or three years ago but that the percentage of non-smokers may now have increased to 60%. On this basis a 10% reduction for non-smokers would require a 15% increase for smokers in order to maintain the same premium level.

As you appreciate, the surplus generated last year under the one tier rate structure was \$56,273 which hopefully, was only a catch-up on more favourable experience enjoyed in the past. We believe, however, to be on the safe side that this matter should be considered in conjunction with any savings which may be generated in discussions with Imperial on those recommendations forming part of Bill Moore's recent report on the Life Plan. This will take us into the latter part of 1982 when we will have a better idea of this year's experience under the Life Plan.

Our thinking is that we favour a reduction on present rates over a two tier structure and suggest for ages 39-59 less 10%, 60 and over less 15%. However, the timing for the introduction of the reduced rates should be dependent on this year's experience.

Yours truly

REED STENHOUSE ASSOCIATES LIMITED

10 — .
Tom K. Haigh
Manager, Association Plans

enc



COMPARISON OF NON-SMOKER RATES WITH C.D.I.P. - TOTAL 10 YEAR PREMIUM

STARTING AGE	C. D. I. P. \$100,000	CANADIAN GENERAL \$100,000	LAURIER \$100,000	C. D. I. P. \$250,000	CANADIAN GENERAL \$250,000	LAURIER \$250,000
30	\$ 1,286	\$ 1,510	\$ 1,665	\$ 3,215	\$ 3,250	\$ 4,025
35	1,754	1,810	2,095	4,385	3,975	4,937
40	2,716	2,490	2,975	6,790	5,575	6,750
45	4,360	3,470	4,290	10,900	7,925	9,325
50	6,032	4,949	6,245	15,080	11,425	13,250
55	8,734	7,810	9,800	21,835	18,000	20,662
60	16,774	12,800	16,205	41,810	30,125	34,350
65	34,020*	20,540		85,050*	48,550	55,075
70	68,040*	30,580		170,100*	91,500	
		MINIMUM \$75,000	MINIMUM \$75,000		MINIMUM \$200,000	MINIMUM \$200,000
			Medical re- quired after 10 years if applicant under age 50.			Medical re- quired after 15 years if applicant under age 50.

*Not available Under Current Maximums

June 30, 1982

REED STENHOUSE

Reed Stenhouse Associates Limited
Consultants and Actuaries
P.O. Box 279, Toronto Dominion Centre
Toronto, Ontario M5K 1J5
(416) 868-5700 Telex 06 219611

August 10, 1982

Mr. Kingsley Butler
Canadian Dental Service Plans Inc.
2 Lansing Square
Suite 600
Willowdale, Ontario

Dear Kingsley

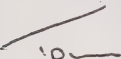
Further to our letter of August 6th, we now show on the attached page a comparison of 10 year total premiums as requested.

The figures indicate, that with the proposed rate reduction for those over 40, our position remains reasonably competitive up to age 60.

We suggest, however, that the timing of any rate change be dependent on an improved experience for 1983.

Yours truly

REED STENHOUSE ASSOCIATES LIMITED



Tom K. Haigh
Manager, Association Plans

1

enc

TOTAL 10 YEAR PREMIUM FOR \$100,000

	2 Tier - CDIP		CDIP WITH RATE RE- DUCTION	CANADIAN GENERAL
	NON-SMOKER -10%	SMOKER +15%		
30	1,286	1,479	1,286	1,510
35	1,754	2,017	1,650	1,810
40	2,716	3,123	2,444	2,490
45	4,360	5,014	3,924	3,470
50	6,032	6,937	5,429	4,949
55	8,734	10,044	7,592	7,810
60	16,724	19,233	14,215	12,800
65	34,020*	39,123*	28,917*	20,540
70	68,040*	78,246*	57,834*	38,580

Minimum
\$75,000

*Not available under current maximums

CANADIAN DENTAL SERVICE PLANS
INC.

Two items were brought to the Board of Governors that will be dealt with by the Board of Directors of CDSPI on September 26, 1982.

Basic Life Coverage Increase

RESOLVED:

82.68 *THAT optional 10% increase in Basic
Life coverage effective January 1,
1982 without medical evidence be
accepted.*

Adopted

NOTE: The above resolution is subject to review of the CDSPI
Board of Directors.

Loss Prevention Program Meeting

The Board of Governors directed the Canadian Dental Service Plans Inc. to consider the feasibility of a Loss Prevention Program meeting to be held in 1983 with the provinces, to discuss Malpractice Insurance.

CONSTITUTION & BY-LAWS

REPORT OF THE CDA COUNCIL ON CONSTITUTION AND BY-LAWS TO THE 1982 ANNUAL BOARD OF GOVERNORS

Members: Dr. W.D. McDougall, British Columbia, Chairman
 Dr. G. Anthony, Newfoundland
 Dr. B.M. Jackson, Ontario

 Dr. B.W. Holmes, Executive Liaison

Council Meeting

Since the 1981 Annual Board of Governors meeting, Council has met once, that being March 12, 1982.

Items for Information - Not Requiring Board Action

Revision of CDA Constitution and By-Laws

Council has been carefully reviewing the Constitution and By-Laws of the Association and with the assistance of legal counsel, has prepared a revision, dated 07/82 for consideration. The revised document has been forwarded to Governors for comment and copies have been sent to the Corporate Members for information.

Council Chairmen were forwarded the sections of the By-laws pertinent to their individual councils and requested to provide input.

It is the intention of Council to consider all comments at a meeting in the Fall of this year, following which a revision will be prepared for presentation at the March, 1983 Board of Governors meeting.

This document would be considered "a rewriting of the form of the by-laws for clarity and organization". (Sturgis Standard Code of Parliamentary Procedure). A number of additions or amendments have been included as directed by previous Board resolutions.

Review of Amendments to By-laws of Specialty Sections

According to Article XVIII, Section 2 (b) under "Sections", "All amendments to the By-laws or Regulations of the Section or Group shall be forwarded forthwith to the Constitution and By-laws Council for review", etc., Council reviewed the following amended by-laws.

CONSTITUTION & BY-LAWS

Items for Board Information - continued

Review of Amendments - Specialty Sections

Amendments to the Canadian Society of Public Health By-laws were considered as submitted, and were approved by Council with the exception of one dealing with the issue of mandatory membership in CDA. This will be brought to the Specialty Sections meeting in September, 1982.

Amended by-laws were also considered as submitted by the Canadian Association of Oral and Maxillofacial Surgeons and were approved by Council.

Respectfully submitted,

W.D. McDougall, Chairman
Council on Constitution
& By-laws

ADOPTION OF REPORT

The Board accepts the Report of the Council on Constitution & By-Laws with thanks.

DENTAL MATERIALS & DEVICES

REPORT OF THE CDA COUNCIL ON DENTAL MATERIALS AND DEVICES TO THE 1982 BOARD OF GOVERNORS MEETING

Members: Dr. R.Y. Barolet, Quebec City, Chairman
Dr. P.C. Desautels, Montreal
Dr. D. Gau, Edmonton
Dr. J.M. Gourley, Cornerbrook
Dr. L.N. Johnson, London
Dr. D.W. Jones, Halifax
Dr. D.C. Smith, Toronto
Dr. P.T. Williams, Winnipeg

Executive
Liaison: Dr. R.D. Sexton

Observers/
Guests: Dr. T. Blais, Health Protection Branch, Health & Welfare
Dr. J. Stanford, American Dental Association

Council Meeting

1. One meeting of the Council took place at the Ottawa headquarters on June 3, 1982 since the last report to the Board of Governors Interim meeting in Ottawa.

Business Requiring Board Action

2. CSA Technical Committee on Dentistry

Following last year's grant of funds to the Canadian Standards Association by the CDA, a report was received by Council on the expenditures of these funds by CSA and the progress made in the preparation of dental standards. Also projected costs of these programs were submitted indicating that, in addition to continuing CDA support, an additional \$18,000.00 per year for the next three years would be required to make the program viable.

The Council members requested more information from the CSA representatives to explain the large discrepancies in funding projections from those made one year ago. CSA explained that its Standards Steering Committee for Health Care Technology had decided that all new standards must undergo a full Cost Benefit Analysis (CBA) prior to implementing the work. They further explained that such a CBA had been carried out

DENTAL MATERIALS & DEVICES

CSA Technical Committee on Dentistry - continued

on the projected dental amalgam standard and its total cost was in the order of \$7,000 to justify the expenditures of a standard that should cost roughly \$1,200 to produce.

It was pointed out to CSA that, since Standards Council of Canada saw fit to sponsor travel to international meetings for six Canadians to partake in international standards preparation; that CDA saw fit to partially support this travel also; that CDA in addition saw fit to contribute financially to CSA to support this program; the preparation of dental standards was amply justified and no further justification was necessary on CSA's part. In Addition CSA's charges to the preparation of dental standards that were fully developed by other groups and delivered to them for editorial changes and printing appeared quite high.

Members of Council feel that dental standards are indeed required and recommend that CDA's involvement be continued but with definite reservations that are outlined in the following motion that was approved unanimously by the Council members:

WHEREAS the grant from CDA to CSA is eligible for review annually; and WHEREAS the financial report of the program from CSA provides inadequate detail of current expenditures; and WHEREAS the Council on Dental Materials and Devices seriously questions the appropriateness of a cost benefit analysis for any dental standard, especially since the standards are usually submitted to CSA in a fully-developed final form;

THAT CDA discontinue further funding to CSA until CSA shows that the grant will be used exclusively in the writing phase of dental standards; and

FURTHER THAT if a satisfactory assurance is provided by CSA to the Chairman of the Council on Dental Materials and Devices and the Chairman of the CSA Technical Committee on Dentistry, that grants will be expended in the manner that they were intended; this Council recommends that CDA approve a further annual payment of the grant to CSA; and

FURTHER THAT the Council on Dental Materials and Devices explore the possibility of itself writing dental standards for direct publication by the CSA.

MOTION TO REFER:

THAT this matter be returned to the Council on Dental Materials and Devices for further study and action.

ADOPTED

DENTAL MATERIALS & DEVICES

CSA Standards Writing

RESOLVED:

- 82.69 *THAT the Council on Dental Materials and Devices explore the possibility of itself writing dental standards for direct publication by the CSA; and*
- THAT the annual grant of \$8400 be allotted to the CSA for one further year.*

ADOPTED

Canadian Dental Research Foundation Award

Submissions were received for the 1982 award and after having reviewed the judges evaluations and on the recommendation of Council, it is

RESOLVED:

- 82.70 *THAT Dr. C. Birek be awarded the 1982 CDRF Award for her presentation on "Dome Formation by Oral Epithelia in Vitro"; and*
- FURTHER THAT the CDRF Institutional Trophy be awarded to the MRC Group in Periotontal Physiology of the University of Toronto for 1982.*

ADOPTED

Awards were presented to Dr. Birek and to Dr. Jane Aubin who accepted the Institutional Trophy for 1982, on behalf of the Dental Faculty of the University of Toronto.

Items for Board Information

ISO/TC106

A meeting of the Organization for International Standardization is planned the week following the FDI meeting in Vienna. Six members of the Council will be attending this meeting as Canadian delegates. Based on progress made at last year's meeting it is anticipated that many international standards will be finalized in October.

DENTAL MATERIALS & DEVICES

Items for Board Information - continued

Mercury Contamination Report

Preliminary results from this investigation are available which indicate that about 97% of the 375 dental offices in the Maritime provinces which were surveyed showed a mercury vapour concentration lower than that recommended for safety. This study is one of the largest ones done in recent years and, in comparison with earlier surveys which showed that only 90% of dental offices had acceptable atmospheres, indicates that a general awareness of mercury hygiene is widespread in the profession. A use of preproportioned mercury/alloy capsules is also certainly responsible for this lower level of mercury found during the measurement phase of the project.

An article summarizing the results of this survey is being prepared for submission to the Journal for publication.

Advisory Committee on Medical Devices

A meeting of the Committee was held May 10, 1982 and action has been taken on certain items of interest such as anaesthetic disconnects, I.U.D.'s and implantable insulin pumps. Discussions on items old to the public or devices specifically intended for the disabled was given special attention. Of dental interest in these classifications were off-the-shelf soft denture liners and dental prostheses in general.

Improved methods for information exchange between the Bureau and the health professions were discussed. Attention was drawn to a Conference on Medical Devices Technology of the 80's to be held December 6-8, 1982 at the Harbour Castle Hilton Hotel in Toronto. Based on the discussions which followed it was recommended that an observer from Council in addition to Dr. D.C. Smith who will be a participant on the program, is recommended.

Commercial Exhibits at Conventions

Council is reviewing directives for exhibitors at conventions with a view to preparing guidelines for manufacturers to follow when exhibiting at CDA conventions. A document will be prepared for the approval of the Board of Governors.

Respectfully submitted,

R.Y. Barolet, Chairman
Council on Dental Materials
& Devices

ADOPTION OF REPORT:

The Board accepts the Report of the Council on Dental Materials and Devices with thanks.

COUNCIL ON EDUCATION

REPORT OF THE CDA COUNCIL ON EDUCATION TO THE 1982 ANNUAL BOARD OF GOVERNORS

Members: D.J. Yeo, Vancouver, Council Chairman
N.H. Andrews, Halifax
I.C. Bennett, Halifax
K.C. Bentley, Montreal
M. Jahjah, Montreal
N.J. Layton, Truro
Ms. M. Miller, Winnipeg
G.W. Myers, Edmonton
A. Osborn, Winnipeg
Ms. M. Paquin, Vancouver
G.H. Peacock, Saskatoon
E.J. Rajczak, Hamilton
R. Hurley, Montreal
G.S. Beagrie, Vancouver (absent)

Executive Liaison: D.L. Thompson

Also in attendance were Dean A. Schwartz, University of Manitoba; Dean Roland Vallée, Laval University; Dean Richard Ten Cate, University of Toronto; Col. M. Donely, Commandant, C.F.D.S.S., Camp Borden; Dr. R.Y. Barolet, President A.C.F.D./A.F.D.S.; Dr. Marcia Boyd, Chairman, C.A.T. Committee; Dr. G. Kravis, Registrar, N.D.E.B.; Mr. Murray McDonald and Ms. Ingrid Kleysteuber, Canadian Fund for Dental Education. Council was especially pleased to welcome Dr. Mario Santangelo, Acting Secretary Council on Dental Education, American Dental Association. Staff members attending were Dr. J.V.P. Chatwin, Director of Accreditation and Ms. Linda Teteruck, Director of Education.

1. Council Meeting

The Council on Education met on May 18 and 19, 1982 in Ottawa. Immediately preceding this meeting, Committee No. 1 met on May 17 and Committee No. 2 met on the morning of May 18. The closed session of Council was held on the afternoon of May 18 and the open meeting was held all day on May 19.

1. Council Meeting - continued

Committee #1 - Membership:

K.C. Bentley, Chairman
N.H. Andrews
G.S. Beagrie (absent)
I.C. Bennett
M. Jahjah
N.J. Layton
A. Osborn
G.H. Peacock
D.J. Yeo

Committee #2 - Membership:

E.J. Rajczak, Chairman
M. Miller
G.W. Myers
M. Paquin
R. Hurley
D.J. Yeo

Committee #2 - Dental Admissions Test Committee - Membership:

M. Boyd, Chairman
I.C. Bennett
G.W. Thompson
J.W. Graham - Consultant
L. Graham - Consultant
J. Krupka - Consultant

(1) Dental Admissions Test Committee

A very comprehensive report and addendum was received from Dr. Marcia Boyd, Chairman of the Committee (Appendix 1). The budget contained in this report is included in the overall Council budget (Appendix 2) and recommendations were approved by Council as follows:

1. Dr. Boyd's appointment was renewed for another term.
2. Dr. Ian Bennett was reappointed for a second term.
3. Dr. J. Krupka and Mrs. Linda Graham were reappointed as consultants to the Interview Validation Study Project for a one year period beginning in September, 1982.
4. Dr. J. Graham was reappointed as a consultant to the D.A.T. Committee for a one year term beginning in September, 1982.

(1) D.A.T. - continued

5. The composition of the Chalk Grading Team will be as follows:
- The Chalk Grading Team will consist of a Chairman and six members (with no more than one member from each school), each member serving for a three-year term renewable once.
 - The Chairman of the DAT Committee will be the Chairman of the Grading Team.
 - The six existing team members appointed in 1975 will establish a method to select two members to complete their terms in 1982, two in 1983 and two in 1984.
 - The terms of Dr. Tardif (Laval) and Dr. Pronych (Dalhousie) will be considered as a second three-year term to end in 1985.
 - Nominations will be sought for schools not represented, for two individuals to be appointed in 1983 for an initial 3-year term.
 - New and renewable members will be nominated as necessary.
 - An honorarium will continue to be paid.
 - The actual size of the Grading Team for any grading session will be established as the Chairman and one other member for each total group of 150 chalks to be graded, e.g. 550 chalks - 3 plus Chairman.

Grading Team Size

Up to 150 Chalks	Chairman plus 1 member(s)
300	2
450	3
600	4
750	5
Over 750	6

- The actual membership of each grading session will be selected in rotation and depending on the availability of members.
6. The travelling and living expenses of workshop leaders for Interview Retraining Workshops will be paid by the Interview Study Project (CDA), and the honoraria (2-day maximum) will be paid by the dental faculties, both expenses to reflect current CDA guidelines for expenses.

(1) D.A.T. - continued

7. The Council on Education will be asked for approval in principle so that planning can proceed for a Conference on the Admissions Interview Process (under CDA sponsorship) on a cost recovery basis for faculties from U.S. dental schools and other interested people.

RESOLVED:

- 82.71 *THAT the Dental Aptitude Test fee for the 1982-83 academic year be set at \$50.00.*

ADOPTED

During discussion of the report Dr. Boyd asked for clarification of CDA policy concerning the submission of articles which are written for publication and which arise from activities of C.D.A. committees. There is an implied understanding that all articles should be presented to the Journal of the Canadian Dental Association when some of them, strictly educational in nature, might be more suitable for a Journal directed to Education.

RESOLVED:

- 82.72 *THAT the matter respecting articles for publication resulting from CDA committee activity be referred to the Executive Council of CDA for their consideration and recommendation.*

Executive Council recommends that prior to publication of any article written for a council/committee of the CDA, such material be referred to the Editor of the CDA Journal.

ADOPTED

Chairman of Council thanked Dr. Boyd for her extensive report which indicates how much time and effort is expended by the committee members on matters related to Dental Admissions Testing. Dr. Boyd was asked to convey our sincere appreciation to the members of her committee.

(2) Continuing Education Committee

Dr. Williamson, Chairman of this Committee was not able to be present but his report on activities during the past year had been circulated to all members of Council.

RESOLVED:

- 82.73 *THAT CDA collect information from Canadian providers of Continuing Education Courses about courses that could be suitable for presentation in other regions of the country and keep this information on file for a period of not more than five years.*
- 82.74 *THAT CDA compile an index of the providers of audio-visual CE materials who advertise in the CDA Journal.*
- 82.75 *THAT CDA indicate on the index of the providers of audiovisual materials, those that have been approved by the provincial licensing bodies and/or provincial voluntary associations.*

ADOPTED

Council was asked by this Committee to decide on the appropriateness of the suggestion that the Continuing Education Committee assume the responsibility for planning the Scientific Program for the annual national conventions.

The matter was discussed with Mr. Drouin being present and although no formal action was taken the general feeling among Council members was that this was not an appropriate suggestion and the task would be handled better by a committee established for this specific purpose.

(3) Council on Education/Hospital Services

A list of hospital dental service and internship programs approved by the Council on Hospital Services was provided to Council members for information. Discussion then centred around a motion received by the Canadian Dental Association from the Association of Canadian Faculties of Dentistry as follows:

"Whereas intern and residency programmes, currently accredited by the Council on Hospital Services are clearly identified as educational, ACFD/AFDC requests that the Canadian Dental Association consider that their accreditation be undertaken by the Council on Education."

(3) Council on Education/Hospital Services - continued

As a result of this discussion, Council recommended:

THAT as the existing CDA guidelines on Internship and Residency Programs in General Dentistry specifically state that these are educational programs, they are considered by Council to be postgraduate programs and, as such, should fall under the purview of the Council on Education for accreditation purposes.

Executive Council recommended that the Council on Hospital Services be phased out and that the present activities of the Council on Hospital Services be undertaken by the Council on Education, beginning after the 1983 Annual Meeting of the Board of Governors.

MOTION TO DEFER:

82.76 *THAT the action on this matter be deferred and that an Ad Hoc Committee be struck to study the issue and report back to the Board of Governors.*

ADOPTED

(4) Teaching Conference

A report on the 1981 Teaching Conference "Clinical Competency Evaluation" was received from the Chairman, Dr. Boyd, along with a follow-up report on an evaluation study carried out by her to determine the effectiveness of the teaching conference (Appendix 3). With some modification to recommendation #2 Council received the report with thanks and recommends it be distributed to the Faculties of Dentistry for their consideration.

The report on the 1982 Teaching Conference, "Teaching of Oral Pathology in the Undergraduate Dental Curriculum" was not available for this meeting.

The topic recommended for 1983 was "Dentistry for the Handicapped" but because of the recent RCD(C) symposium in Calgary and a forthcoming international seminar on this topic it was felt that the matter should be reconsidered.

Council consequently resolved that the topic and location of the 1983 Teaching Conference would be referred back to the ACFD for an up to date recommendation and that the Council Chairman will be authorized to approve a suitable proposal.

The Board agrees.

(5) National Dental Examining Board

The report of the National Dental Examining Board was received and Dr. Layton and Dr. Kravis answered questions posed by members of Council. Subsequently Dr. Layton outlined plans for a study of the accreditation process by the National Dental Examining Board.

RESOLVED:

- 82.77 1. *Based on the implicit understanding that the NDEB Study of Accreditation is for the purpose of considering constructive changes or development in the Accreditation Process;*
- THAT the Council on Education support and assist the NDEB in the study process.*

ADOPTED

- RESOLVED: 2. *THAT subject to Executive Council agreement with the previous resolution the Chairman of Council be authorized to work with the NDEB in the development of the Study of Accreditation.*
- 82.78

ADOPTED

(6) Surveys

A list of proposed surveys for 1982/83 was amended and approved.

Action taken by the Board of Governors to impose a moratorium on surveys of Dental Hygiene programs in Quebec sparked considerable discussion of the existing Guidelines which resulted in the following recommendation:

"The document "Requirements for Approval of an Undergraduate Dental Hygiene Program" states that the curriculum of a dental hygiene program should provide the education and training necessary for performing the clinical and professional skills delegated to the dental hygienist by the provincial dental licensing body. To date survey teams have limited their evaluation to the education of 'traditional' dental hygienists and in provinces where expanded functions are allowed, this part of their training is not surveyed. Since the guidelines make provision for the survey of such training, it is recommended that our survey procedure be amended to include it where applicable on future site visits. The same policy should be applied to dental assisting programs.

(6) Surveys - continuedMOTION TO REFER:

- 82.79 *THAT the matter of surveys of auxiliary programs be returned to the Council on Education for further study and action.*

ADOPTED

Discussion of the moratorium itself resulted in the following recommendation:

THAT the Council on Education recommends to the Board of Governors that the moratorium on the dental hygiene accreditation in Quebec be lifted immediately.

Executive Council disagrees and it is

RESOLVED:

- 82.80 *THAT the Council on Education hold a moratorium on Dental Hygiene Accreditation in Quebec for a further year.*

ADOPTED

The following categories of Approval were awarded to dental education programs as a result of the 1981/82 surveys:

University of Alberta -

Undergraduate Dental Program	Full Approval
Postgraduate Program in Orthodontics	Full Approval

Dalhousie University

Undergraduate Dental Program	Full Approval
Graduate Program in Oral & Maxillofacial Surgery	Full Approval

McGill University

Graduate Program in Oral & Maxillofacial Surgery	Full Approval
--	---------------

University of Montreal

Postgraduate Program in Paedodontics	Full Approval
--------------------------------------	---------------

(6) Surveys - continued

University of Toronto

Postgraduate Program in Orthodontics	Full Approval
Postgraduate Program in Paedodontics	Full Approval

Dalhousie University

Dental Hygiene Program	Full Approval
------------------------	---------------

University of Manitoba

Dental Hygiene Program	Full Approval
------------------------	---------------

Wascana Institute

Dental Assisting Program	Full Approval
--------------------------	---------------

(7) Report of the Ad Hoc Committee on Accreditation

At the 1981 Conference of Secretaries and Registrars, an ad hoc committee report on accreditation was submitted, a copy of which was provided to the Council on Education. This report contained a number of recommendations and suggestions, many of which can be handled as "in house" matters. There was, however, one recommendation which dealt with the composition of the Council on Education and it is being referred to the Board of Governors for consideration.

RESOLVED:

- 82.81 *THAT the composition of the Council on Education be altered by the addition of one further appointment from the licensing boards. This position may or may not be a registrar and could, in some instances be President of a licensing body or another appointee with special interest in the accreditation process.*

Executive Council agrees and recommends that the licensing bodies be given the opportunity of forwarding names to the nominations committee each year so the mechanism is in place for them to have more representation if they so desire.

ADOPTED

(8) Accreditation - Council of Regents

In the Province of Ontario the Council of Regents has established an Accreditation Implementation Committee which requires recognition by the Council of Regents of accrediting organizations. Application forms for such recognition have been sent to the Director of Accreditation and in order to proceed with surveys of Ontario Dental Auxiliary Programs it is

RESOLVED: *THAT the application for approval of
82.82 CDA as the accrediting agency for
Dental Auxiliary Programs in Ontario
be completed and submitted.*

Executive Council agrees.

ADOPTED

(9) Budget

A budget was presented for discussion resulting in the motion that the budget be approved as presented with potential for change as required.

(10) Items of Business for Information

1. Nominating Committee

The Nominating Committee provided the following nominees to the various committees:

Chairman, Nominating Committee, 1983	- G. Myers
Dental Admissions Test Committee	- M. Boyd - 3 years
	- I.C. Bennett - 3 years
Continuing Education Committee	- A.A. Bene - 3 years

Council accepted the report of the Nominating Committee and recommends it to the Board.

(10) Items of Business for Information - continued

2. Council approved the formation of a sub-committee to review existing guidelines of minimum requirements for undergraduate and specialty programs and other survey documents. This committee will also formulate guidelines for clinical evaluation which the Director of Accreditation can review with surveyors prior to the start of surveys. The membership of this committee will be:

Chairman, Council on Education
Chairmen, Committees 1 and 2
Director of Accreditation

Expenses for this Committee have been included in the overall Council Budget.

3. Because new members will be elected to Council by the Board of Governors in September 1982 and in order to organize Council for its activities in 1982/83 the following recommendation was approved: That the 1982/83 Chairman of the Council on Education be given the authority to appoint the members of Committee #1 (Undergraduate, Graduate and Postgraduate Programs) and Committee #2 (Dental Auxiliary Programs) and the Chairmen thereof, following the September '82 meeting of the Board of Governors.

(11) SUMMARY

Council continues to recognize and carry out to the best of its ability its responsibilities, especially in the area of accreditation. Steps are being taken to ensure that all existing guidelines and documents are current and up to date and it welcomes constructive suggestions aimed at making our accreditation process better. The Board of Governors should take credit and at the same time feel fortunate that it has elected such a dedicated and industrious group of individuals to the Council on Education.

Council wishes to recognize the valuable contributions made over the past six years by G. Peacock and E. Rajczak whose second terms on Council expire this year. They have been enthusiastic and effective members of Council and deserve our gratitude.

We were very fortunate to have Dr. Mario Santangelo, Acting Secretary, Council on Dental Education, American Dental Association, present during our proceedings. His experience and wise counsel were invaluable in assisting us to reach decisions on many important matters.

(11) SUMMARY - continued

Finally, Council wishes to commend once again, Dr. Chatwin, Director of Accreditation and Mrs. Thora Appelt, Secretary to the Council on Education for their enthusiastic dedication to the time consuming and complicated process of arranging and handling Council business.

Respectfully submitted

D.J. Yeo, Chairman
Council on Education

ADOPTION OF REPORT:

The Board accepts the report of the Council on Education, with thanks to Dr. Yeo for his past contribution to the deliberations of the Board.

REPORT
DENTAL ADMISSION TEST COMMITTEE
COUNCIL ON EDUCATION
CANADIAN DENTAL ASSOCIATION
1981-82

MEMBERS

Dr. M. Boyd, Chairman, 1982, (2)*
 Dr. D. Banting, 1984, (1)
 Dr. I.C. Bennett, 1982, (1)
 Dr. G.W. Thompson, 1983, (3)
 Dr. J. Graham, Consultant, American Dental Association
 Dr. J. Krupka, Consultant, Michigan State University
 Dr. W.R. Teteruck, Observer
 Mrs. Linda Graham, Consultant, (Interview Validation Study)
 Dr. D.L. Thompson, Executive Council Liaison.

* Dates indicate termination of appointment, brackets, number of terms.

The Committee met twice during the 1981-82 operational year - on June 24/25, 1981 and December 10/11, 1981.

1. REPORT ON THE 1981-82 TEST SESSION

(a) <u>Numbers Tested</u>	(b) <u>Reports Sent to Dental Schools</u>
1966-67 - 818	1966-67 - 2,775
1967-68 - 880	1967-68 - 2,908
1968-69 - 1,099	1968-69 - 3,339
1969-70 - 1,093	1969-70 - 3,181
1970-71 - 1,242	1970-71 - 4,095
1971-72 - 1,521	1971-72 - 5,004
1972-73 - 1,912	1972-73 - 6,008
1973-74 - 2,022	1973-74 - 5,427
1974-75 - 2,346	1974-75 - 6,935
1975-76 - 2,085	1975-76 - 5,289
1976-77 - 1,730	1976-77 - 4,791
1977-78 - 1,601	1977-78 - 4,498
1978-79 - 1,506	1978-79 - 4,209
1979-80 - 1,408	1979-80 - 4,065
1980-81 - 1,530	1980-81 - 4,151
1981-82 - <u>1,511</u>	1981-82 - <u>4,524</u>
 TOTAL 24,304	 TOTAL 71,199
 <u>=====</u>	 <u>=====</u>

2. DENTAL APTITUDE TEST PROGRAM 1981-82

(a) Test Numbers

During the 1981-82 academic year, the DAT Program tested 1511 students. The previous year, the Program tested a total of 1530 students, thus representing a 1.3% decrease in applicants.

At the December 1981 meeting, the Committee spent a considerable amount of time reviewing the declining number of applicants who have taken the DAT examination over the past six years and consequently the declining dental applicant pool. This observation lead to a discussion on investigating this decline and its eventual consequences.

Consequently, the following motion was made:

Whereas

The DAT Committee has observed a gradual decrease in the number of applicants for the DAT over the past five years,

and whereas

This trend is likely to continue,

Be it resolved

That the Council on Education investigate the implications of the declining number of applicants for the DAT on the calibre of future dental students and dental practitioners in Canada, and that the Council on Education communicate the results to the Executive Council.

(b) Test Content

As in previous years, the DAT test consisted of the following examinations in two basic areas of assessment - academic and manual, with the following examinations in each area:

Academic - Reading Comprehension (English language students only);

- Biology and Inorganic Chemistry

Manual - Chisel Carving

- Perceptual Ability in Two and Three Dimensions

Contrary to previous years, only one perceptual examination combining questions from both the two and three dimensional examinations was given. This change follows suite with changes in the American Dental Association testing program from which we receive our examination content.

(b) Test Content (Cont'd.)

In addition to the above examinations, the 16 Personality Factors examination was, once again, included in the testing battery, but as has been the case in the past, this examination was utilized for research purposes only and not as a criterion for admission to dental school.

(c) Testing Dates

The DAT Program tested twice during the 1981-82 academic year - on November 13/14, 1981 and March 5/6, 1982.

(d) Scoring of Answer Sheets

Once again, the DAT Program utilized the services of the American Dental Association in the grading of the Aptitude Test. The cost of this service was \$2.75 per student and remains proportional to the fees collected.

In order to facilitate the transfer of test information from Ottawa to Chicago, investigations are being made on the availability of a trunk line which would link the Canadian Dental Association to the American Dental Association.

(e) Reporting of Scores

The manner of reporting test scores was altered to conform to changes in the administration of the perceptual examination. Reduction of the two perceptual examinations to one combined test eliminated the need for the reporting of a perceptual average and a manual average. A student's manual performance on the examination is presently reported in two distinct categories of assessment - the chalk carving test and the perceptual examination. No combined scores are provided.

Both the dental faculties and students alike receive an individual report of scores, in addition to which the dental faculties receive a master printout for all test applicants.

(f) Preferred Province of Residency

Commencing in 1981, all dental faculties received with the DAT scores, the applicant's preferred province of residency for purposes of application to dental school only. This transfer of student information to the faculties was initiated by a request from certain of the Canadian dental faculties.

(g) Committee Membership(i) Dental Admissions Test Committee

Committee membership changed in 1981-82. The Committee was pleased to welcome as a member, Dr. David Banting from the University of Western Ontario and for purposes of the interview validation study, Mrs. Linda Graham from Chicago.

The Committee also notes the termination of appointment to the DAT Committee of Drs. Boyd and Bennett.

In light of Dr. Boyd's recent appointment as Chairman of the DAT Committee, the Committee recommends to the Council on Education, that her term be extended for another three years.

Whereas

Dr. Marcia Boyd has just assumed the Chairmanship of the DAT Committee, and in order to establish continuity in the Committee

Be it resolved

That Dr. Boyd's term be renewed for another term.

It was further recommended that because of his involvement in ongoing DAT projects, Dr. Ian Bennett be reappointed for a second term.

(ii) Consultants

In view of the addition to the DAT Committee of consultants for purposes of research and validation studies, the Committee felt the need to formalize and consolidate its relationship with its consultants. For this reason the Committee established a policy whereby it will assess the role of its consultants on a yearly basis and forward these recommendations to the Council on Education for its ratification and approval. With this in mind, the following recommendation is made:

Be it resolved

That Dr. J. Krupka and Mrs. Linda Graham be reappointed and Dr. W.R. Teteruck be appointed as consultants to the Interview Validation Study Project for a one-year period beginning September 1982.

It was further recommended that Dr. J. Graham be reappointed as a consultant to the DAT Committee:

Be it resolved

That Dr. J. Graham be reappointed as a consultant to the DAT Committee for a one-year term beginning September 1982.

(iii) The Chalk Grading Team

As in previous years, a seven-member chalk grading team undertook the grading of the chalk carvings. Seven dental faculties are presently represented on the grading team - Alberta, Toronto, McGill, Laval, Western Ontario and Dalhousie and Montreal.

At the same time, the DAT Committee undertook a review of the composition of the Chalk Grading Team with a view toward standardizing its composition and terms of office, while still maintaining continuity of membership and expertise on the Team. With these objectives in mind, the DAT Committee recommends the following:

Be it resolved

1. That the Chalk Grading Team consist of a Chairman and six members (with no more than one member from each school), each member serving for a three-year term renewable once.
2. That the Chairman of the DAT Committee be the Chairman of the Grading Team.
3. That the six existing team members appointed in 1975 establish a method to select 2 to complete their terms in 1982, two in 1983 and two in 1984.
4. That the terms of Dr. Tardif (Laval) and Dr. Pronych (Dalhousie) be considered as a second three-year term to end in 1985.
5. That nominations be sought for schools not represented, for two individuals to be appointed in 1983 for an initial 3-year term.
6. That new and renewable members be nominated as necessary.
7. That an honorarium continue to be paid.
8. That the actual size of the Grading Team for any grading session be established as the Chairman and one other member for each total group of 150 chalks to be graded, e.g., 550 chalks - 3 plus Chairman.

		<u>Grading Team Size</u>
Up to 150 Chalks		Chairman plus 1 member(s)
300		2
450		3
600		4
750		5
Over 750	548	6

(iii) The Chalk Grading Team (Cont'd.)

9. That the actual membership of each grading session be selected in rotation and depending on the availability of members.

(h) Purchase of New Test Supplies

During 1981-82, new DAT Preparation Materials were developed for all students upon submission of their application for the examination. New metric rulers were also purchased to coincide with the development of new metric chalk carving examinations, the first of which was used at the November 1981 test session. These new chalk carving patterns were developed by the Chalk Grading Team.

In order to facilitate the grading of the 16PF answer sheets, new opscan answer sheets were purchased at reduced cost through the American Dental Association.

Unfortunately, the Committee was unable to find a suitable replacement for its dwindling chalk supply. The Committee is presently actively pursuing alternate sources of chalk, in addition to soliciting the assistance of the members of the chalk grading team and their respective dental faculty members.

(i) Special Test Sessions for Sabbath Observers

The Committee has continued to provide special test sessions for those individuals who cannot write the examination for religious reasons during the regularly scheduled session.

Appropriate accommodation will continue to be available in the future. It is possible, however, that in order to minimize any additional costs and ensure test security, applicants from a number of differing areas may have to travel to a central locale - one of which may be CDA Headquarters in Ottawa for students in the Toronto and Montreal areas.

(j) Student Information Questionnaire

As reported at Council's last meeting, the Committee has developed and implemented a Student Information Questionnaire which is distributed during the writing of the DAT examination.

(j) Student Information Questionnaire (Cont'd.)

The Questionnaire was first administered during the writing of the March 1981 DAT examination.

Although some sensitivity to this Questionnaire has been expressed by certain proctors, the Committee feels that all of the information being solicited is important to the continuation of the Study. Students completing the Questionnaire are informed that the information will be used for group research studies only and not for admission purposes.

It is presently anticipated that broad based profiles of the applicant pool will be developed with the assistance of Dr. Graham at ADA Headquarters. This information will be forwarded to the Canadian dental faculties when it is available.

3. DENTAL APTITUDE TEST PROGRAM 1982-83(a) Test Dates

The following dates have been selected for the 1982-83 academic year:

November 12/13, 1982 March 4/5, 1983

The Committee notes a request made by Dr. Ken Bentley of McGill University regarding holding the spring examination at an earlier time. The Committee feels that this is not possible due to the amount of work which has to be done in preparation for the test and the amount of time needed between the fall and spring tests for applicants to consider their scores and reapply for the examination. The Committee did, however, indicate in the 1981-82 DAT brochure that applicants are encouraged to take that examination as early as possible - preferably in the year previous to that of their application to dental school.

(b) Reduction of Test Centres

The Committee reviewed its applicant numbers as they relate to the eighteen test centres presently administering the DAT examination. In an attempt to reduce costs for test administration, the Committee is considering eliminating one yearly test session for those centres testing fewer than five candidates. These centres will consequently test only once during any one academic year. Further consideration will be given to this suggestion at the Committee's next meeting at which time both cost factors and geographic distribution of testing centres will be considered.

(c) Grading Procedures for Chalk Carvings

Considerable time has been spent by the Committee in consultation with the chalk graders reviewing the present grading procedure for chalk carvings. Recommendations have been made to broaden the criteria for grading from a three-point criteria, to a four-point criteria, with greater emphasis on both the completion of the final product and its symmetry. Dr. Peter Pronych has submitted a proposal to the graders for their review and trial at the November 1982 grading session.

It was felt by the Committee that this revised criteria would more accurately reflect a student's performance on this examination, allowing greater discrimination, thereby facilitating the final normalization of scores by the chalk graders.

(d) Meetings with Admissions Committees

Over the years, it has been the intent of the DAT Committee to hold some Committee meetings on site at a dental faculty in order to meet with its Admissions Committee and answer questions it may have about the DAT and its use in the admissions process. With this objective in mind, the Committee has proposed that such a meeting be held with the University of Toronto in May 1982. It is also hoped that a similar meeting can be held at McGill University in November 1982 at the time of the proposed CDA-DAT Interview Workshop.

(e) New Test Supplies

As previously mentioned, the Committee is actively pursuing a source for the supply of chalk. Once a suitable supply is obtained, an appropriate two to three year supply will be ordered.

4. VALIDATION STUDIES(a) Chalk Carving vs PMAT and 16PF Tests

For a number of years, Dr. Gordon Thompson has been involved in the collection of the above mentioned test results. This study has been completed, and it is presently anticipated that the results will be available for publication in the CDA Journal in the near future.

As anticipated, results of this study indicate great variance from dental faculty to dental faculty, with the chalk scores featured prominently.

(b) 16PF Studies

Under the direction of Dr. Marcia Boyd, 16PF pre-graduation data from the University of Western Ontario, Dalhousie, Manitoba and the University of British Columbia, has been assessed and a profile developed. Retesting of the 1980 UBC graduates after one year in practice has been done to determine whether or not the profile has stabilized or reverted to the pre-admission profile.

Two articles also have been published in the CDA Journal on the 16PF, in addition to which the Committee has been represented and a paper presented at the second International Conference on the 16PF.

Funds for this study have come predominantly from grants from the University of British Columbia.

(c) Interview Validation Study(i) Progress to Date

As reported at Council's last meeting, the DAT Committee, with Dr. W.R. Teteruck as Project Director, has proceeded with the development of a standardized interview for use in the dental admission process.

During the past two years, the Committee has developed four parallel interview forms for interchange and use by the dental faculties.

Under the direction of Dr. Judith Krupka of Michigan State University, interview workshops have been held at the University of British Columbia, the University of Alberta, University of Manitoba, University of Saskatchewan, Dalhousie University and the University of Western Ontario. A proposed interview workshop is scheduled to be held at McGill University in the fall (November) of 1982.

The Committee's efforts in this area have resulted in use of the interview at the faculties at which the workshop has been held.

In order to keep dental faculties presently involved in the interview study abreast of interview techniques, the Committee has established a schedule of retraining workshops at two-year intervals, under the direction of Mrs. Linda Graham. Travel and living expenses for the leaders of the retraining sessions would be incorporated in the interview validation study budget. It is recommended that the honoraria be paid by the dental faculties. Since this proposal is a reversal of that proposed to Council previously, the following recommendation is made:

(i) Progress to Date (Cont'd.)

Be it resolved

That the travelling and living expenses of workshop leaders for Interview Retraining Workshops be paid by the Interview Study Project (CDA), and the honoraria (2-day maximum) be paid by the dental faculties, both expenses to reflect current CDA guidelines for expenses.

(ii) Interview Research

The Committee has begun its research studies on the interview instrument. Preliminary studies indicate a high interrater reliability which indicates a reliable instrument.

Data is presently being collected by the Committee on those students who were interviewed and admitted to dentistry and dental hygiene. Initial validation studies will correlate these interview results to the applicant's 16PF scores.

(iii) Funding

During 1981, the interview study received strong financial support from the Canadian Dental Association. In addition, the Committee wishes to acknowledge the additional financial support it received from the Ontario Dental Association in its sponsorship of a two-day workshop at the University of Western Ontario.

Our 1982 program schedule indicates that, in addition to the funding it receives from the CDA, additional funds are required for an interview workshop at McGill University and for the computerization of the interview results. To meet this need, the Committee has approached the Canadian Fund for Dental Education for a \$7,000.00 grant in support of the project.

5. COMMITTEE PUBLICATIONS

The Committee is pleased to report two articles have appeared in the Journal of the Canadian Dental Association on the 16PF and a Committee article on the interview study is scheduled for submission to the Journal of the Canadian Dental Association within the next few months. The Committee recently published an article in the Journal on Dental Education on the interview study.

Work is also presently underway by Dr. Teteruck on an interview study article for the Ontario Dentist, following publication of this information in the Canadian Dental Association Journal.

6. FINANCIAL REPORT

(a) 1981

Final year-end figures for the DAT Program indicate that the revenues received from testing fees totalled \$56,857 as compared to a budgeted figure of \$57,000. No additional outside funds were received. Mention should be made, however, of the Ontario Dental Association's direct sponsorship of an Interview Workshop at the University of Western Ontario in June 1981 in the amount of \$5,500.

Total expenses for the year are listed at \$46,151 as compared with budgeted figures of \$48,500. Meeting and validation expenses were less than budgeted as a direct result of ODA's sponsorship of the U.W.O. workshop and delays in billing from our consultants for their research and computerization costs. Expenses pertaining to the printing and purchasing of test supplies were higher than anticipated due to the printing of a three-year supply of Preparation Manuals in both English and French and generally higher printing costs.

Costs pertaining to fee for service were higher than budgeted with the inclusion of fees for consultants to the interview workshop training sessions.

(b) 1982 Amended Budget

The budget submitted last spring to Council for the 1982 fiscal year has been amended to become more closely aligned with our 1981 actuals. Anticipated revenue is \$60,000 based on an estimated 1,500 applicants at \$40 per application. In addition, funds are being requested from the Canadian Fund for Dental Education in the amount of \$7,000 in support of an interview workshop at McGill University in the Fall of 1982 and the computerization of interview results. It is anticipated by the DAT Program that fewer new test supplies will be purchased with the major purchase being chalk for the carving examination.

(c) 1983 Budget

In reviewing its financial picture for both 1982 and 1983, the DAT Committee observed that, in general, applicants for the examination are decreasing, thus reducing our operating capital. Recent figures indicate that approximately 1500 students are applying for the examination on a yearly basis.

With this in mind, the Committee recommends an increase in testing fees of \$5.00.

(c) 1983 Budget (Cont'd.)

Be it resolved

*That the Dental Aptitude Test fee for 1982-83
be increased to \$45.00.*

It is further anticipated that additional financial support in the form of a grant will be requested in support of the activities of the Interview Validation Study Group.

7. CONCLUSION

The past year has been both busy and productive for the members of the Dental Admission Test Committee and its research consultants.

The ongoing administration of the DAT Program has proceeded well, with the result that more and more Committee time is spent on research and validation, particularly as it pertains to personality testing and interviews.

As always, acknowledgement and appreciation must be expressed to the individual members of the Committee (Drs. Banting, Bennett and Thompson), our consultants (Drs. Graham, Krupka, Teteruck and Mrs. Graham) and CDA staff (Linda Teteruck and Mrs. W. Mobley). Each of these individuals has given generously of his/her time, energies and expertise in support of our Committee objectives and dental education in Canada.

I also would like to express the Committee's sincere appreciation to all those individuals and groups who have supported the Committee in its many and varied activities over the past year - the Council on Education, Executive Council and Board of Governors of the Canadian Dental Association, the Ontario Dental Association, the Canadian Fund for Dental Education and the University of British Columbia. Your encouragement and support have been invaluable to our progress.

Respectfully submitted,

Dr. Marcia Boyd,
Chairman,
Dental Admissions Test Committee.

April 1982

DAT FINANCIAL PROFILE

Appendix 2

	<u>1981 Budget</u>	<u>1981 Actuals</u>	<u>1982 Budget</u>	<u>1982 Amended Budget</u>	<u>1983 Budget</u>
REVENUE FROM TESTING FEES	\$57,000	\$56,857	\$70,000	\$60,000 *	\$67,500 **
<u>EXPENDITURES</u>					
(A) <u>Testing Program</u>					
Printing-Test Supplies	\$8,000	\$13,669	\$7,000	\$9,000	\$9,500
-Promotion	\$4,000	\$1,872	\$3,500	\$2,500	\$3,000
New Test Materials	\$2,500	\$1,040	\$3,500	\$5,000	\$2,500
Data Processing-Grading	\$6,000	\$6,956	\$7,500	\$8,000	\$8,000
Fees-Proctors	\$8,000	\$12,246	\$12,500	\$12,500	\$13,000
Consulting					
Shipping & Handling	\$4,000	\$2,239	\$3,000	\$2,800	\$3,500
Travel & Meetings	\$12,000	\$7,692	\$10,000	\$10,000	\$10,500
Statistical Research					
-Validation	\$4,000	\$437	\$4,000	\$4,000	\$4,000
	\$48,500	\$46,151	\$51,000	\$53,800 ***	\$54,000
(B) <u>Interview Validation Study ****</u>					
Travel & Meetings		\$5,500 ¹		\$5,800 ²	\$7,000 ³
Computerization					
-Data Processing				\$1,200 ²	
Translation				\$1,000	

(See page 2 for notes on DAT Financial Profile)

NOTES ON DAT FINANCIAL PROFILE

- * Budget is based on revenue from 1,500 applicants at \$40.00 per applicant
- ** Budget is based on revenue from 1,500 applicants at \$45.00 per applicant
- *** Breakdown of expenses does not include administrative overhead, salaries and benefits which are in excess of \$20,000 per year
- **** The Committee has attempted for the first time, to separate costs incurred in the Interview Validation Study

1. The Ontario Dental Association sponsored an interview workshop at the University of Western Ontario in the amount of \$5,500.
2. A request for funding has been made to the CFDE for a McGill Workshop and computerization of interview data.
3. It is anticipated that the program will require funds in the amount of \$7,000 in 1983 although a specific breakdown of expenses has not been ascertained as yet.

Costs incurred in the interview study have also been absorbed by the CDA under travel and meetings, fees and statistical research.

REPORT OF THE
1981 ANNUAL CANADIAN DENTAL ASSOCIATION
TEACHING CONFERENCE
"CLINICAL COMPETENCY EVALUATION"

CONFERENCE OVERVIEW

The 1981 Canadian Dental Association Teaching Conference was held at the University of British Columbia in Vancouver on June 16th and 17th. The Conference was attended by ten official delegates and 26 other interested individuals. In addition, members who were in Vancouver for the ACFD/AFDC Annual House of Delegates meeting attended when they were not in session. Dr. Milton Houpt, Professor and Chairman of Pedodontics at the College of Medicine and Dentistry in New Jersey acted as the conference facilitator. Dr. John Eisner, Assistant Dean for Academic Affairs at Dalhousie University Faculty of Dentistry also contributed to the program and Dr. Marcia Boyd of the Faculty of Dentistry, University of British Columbia served as chairman. Representing the Canadian Dental Association were Dr. Gil Utas, its President, and the Director of Accreditation, Dr. Vic Chatwin. Dr. Gundy Kravis, represented the National Dental Examining Board.

The topic of "Clinical Competency Evaluation" has been a particular area of interest and concern of the Canadian Dental Faculties since the ACFD/AFDC Biennial Meeting in 1978. Since that time much energy and money has been directed toward establishing a national project to aid the

faculties of dentistry in developing and implementing an evaluation system that addresses the changes that are taking place in practice and education and ensures clinical competence on graduation. This effort has been supported by the faculties, the Canadian Dental Association as well as the National Dental Examining Board. Consequently, the decision of the Canadian Dental Association to have "Clinical Competency Evaluation" as the Conference topic was a very timely one and as a result attracted many enthusiastic participants.

Those in attendance found the two days to be highly informative and valuable - apart from being hard work! The knowledge that they will take back to their respective faculties should help in progressing toward the goal of achieving an evaluation system that is both reliable and valid as well as practical. To that end, a follow-up survey will be conducted to determine the impact of the Conference on the individual and their faculty.

On behalf of all those who were able to participate, I would like to thank the Canadian Dental Association's Council on Education for endorsing the Conference. In addition, I wish also to thank the Canadian Fund for Dental Education who supported the conference through the generosity of grants from Procter and Gamble Inc. and Medi-Dent Service.

- 3 -

This report has been circulated to and approved by the official conference participants prior to its submission to the Council on Education. It is respectfully submitted along with the resulting recommendations in the hope that they will be carefully considered by the Council on Education and endorsed for further approval by the Canadian Dental Association's Board of Governors.

A handwritten signature in dark ink, reading "Marcia Boyd." The signature is written in a cursive style with a large, stylized initial 'B'.

Marcia A. Boyd, DDS, MA
Conference Chairman

Today, in Canada, the Canadian Dental Association conducts accreditation surveys which include site visits at each dental school to assess the teaching program of that faculty. If approval is received the National Dental Examining Board grants certificates to those graduates without further examination and licensure of the individual is then granted through the respective provincial dental board. While the responsibility for licensure still rests with provincial authorities, their acceptance of the NDEB certificates and the NDEB's acceptance of the university degree as sufficient evidence of competence implies that Canadian Faculties of Dentistry functionally licence dental practitioners. Graduation from an accredited dental school therefore, becomes the most effective force for quality assurance in the delivery of oral health care.

New concepts and realities that have developed over the last two decades in both dental education and dental practice demand that dental educators take a new look at the assessment of competency for present and future graduates. This requires the development of a non-traditional approach to address the concerns that have been expressed within some faculties across Canada. Beyond the primary purpose of evaluation which is to stimulate student learning and motivation, such a system would allow for more efficient and effective use of curriculum and faculty time.

In 1978 at its Biennial Conference the Association of Canadian Faculties of Dentistry (ACFD/AFDC) provided a forum for discussion of existing clinical evaluation systems. It was evident that although there was much interest and energy being devoted to the task of clinical evaluation that help was needed and wanted by those who were charged with that responsibility in order to improve the methods presently being employed. Following that meeting the topic became a priority of the Association's Education Committee - and indeed involved the Association as a whole - and resulted in the development of a major grant proposal which would involve all faculties and all disciplines in creating a more reliable and valid clinical competency evaluation system. With the issue still being very much a national interest the Canadian Dental Association's Council on Education approved the ACFD/AFDC recommendation that "Clinical Competency Evaluation" be the topic of the 1981 Canadian Dental Association Teaching Conference.

The Conference was held in Vancouver on the University of British Columbia campus on June 16th and 17th coincident with the ACFD/AFDC Annual House of Delegates meeting. In attendance were the ten official delegates - one from each dental faculty - who, coming from different disciplines provided a broad base of interest and input. Both the Canadian Dental Association and the National Dental Examining

Board were represented. Several faculties provided funding for other interested faculty members to attend and the format of the Conference was designed to allow maximum participation. Therefore those delegates to the House were able to attend when they were not in session.

The moderator for the conference was Dr. Milton Houpt, Professor and Head of Pedodontics and Director of the Post Graduate Pedodontic Program at the School of Medicine and Dentistry in New Jersey. Dr. John Eisner, Assistant Dean for Academic Affairs at the Dalhousie Faculty of Dentistry, also contributed to the program and Dr. Marcia Boyd, of the University of British Columbia, was the chairman.

The principal objectives for the conference were threefold. They were:

1. to provide insight into the critical assessment of existing clinical evaluation systems,
2. to provide to the faculties, through their representative, standardized baseline information and guidance for the development of a reliable and valid clinical evaluation system,
3. to participate in a workshop in analysing tasks, selecting appropriate rating scales and identifying and defining performance criteria.

The format for the two days provided formal presentations in the morning and workshops in the afternoon. Dr. Boyd began the first morning with an introduction and overview of the problems and critical questions facing dental educators who are responsible for clinical competency assessment. Dr. Houpt presented a model for teaching which included task analysis, instructional objectives, curriculum and evaluation. He then directed the emphasis to measurement and grading, norm versus criterion referenced instruction and evaluation, and reliability and validity. The afternoon provided an opportunity to apply the principles discussed earlier and Dr. Houpt very ably guided participants through task analysis, consideration of rating scales, identification of performance criteria and their definition (Appendix A). Dr. Houpt's presentations stimulated many questions and the discussion which resulted provided the group with a greater understanding of the nature and scope of criterion based clinical evaluation.

The effects of evaluator calibration to increase accuracy and reliability was well demonstrated the second morning by Dr. Eisner. He also illustrated the application and use of the computer in clinical evaluation and clinic management - a system that is now operational in the Faculty at Dalhousie. It showed very clearly what can be achieved

after the development of a criterion based system using the computer to collate and disseminate valuable information for students, staff, faculty and administration. This brought into focus the rewards and benefits that can be derived when a sound criterion referenced system is used for clinical evaluation.

The second afternoon was spent in discussion and development of recommendations (Appendix B). Conference participants were in agreement that the two days were both valuable and fruitful. It not only provided insight into the complex nature of clinical evaluation but also provided guidance in the development of a practical and reliable approach to some of the problems associated with evaluation of clinical competence. Participants felt strongly that emphasis should be placed on the positive purpose of evaluation - that is, assisting in student learning and motivation.

APPENDIX A

Example of a portion of process oriented criterion evaluation
for patient management in local anesthetic.

A. TOPIC: Patient Management

- B. CRITERIA TO BE EVALUATED:
- visual*
 - communication
 - time
 - misdirection
 - adaptability to patient
reaction

- * Visual
- i - location of syringe and handling
 - ii - smooth slow action for injection
 - iii - facial expression
 - iv - touch

- C. RATING SCALE: Three point - excellent, adequate,
unacceptable

D. DEFINITION OF PERFORMANCE CRITERIA

CRITERION: VISUAL

	Excellent	Adequate	Unacceptable
i location of syringe	-unapparent but not concealed -pre-prepared	-pre-prepared but apparent	-visible preparation of syringe -needle exposed
ii smoothness of action	-slow, evenly paced	-uneven	-abrupt, fast -forced, sudden
iii facial expression	-eye contact -constant -relaxed	-minimum eye contact -interrupted	-no eye contact -ill at ease
iv touch	-gentle, smooth	-hurried, clumsy awkward	-absent -violent

Appendix B

CONFERENCE RECOMMENDATIONS

Recognizing that without reliability and validity, any evaluation system is both inefficient and ineffective the following recommendations were made:

1. whereas evaluation is critical to the education process, that each institution recognize the necessity for establishing and maintaining a reliable and valid clinical competency evaluation system.
2. whereas the faculties of dentistry are in essence functioning as a licensing body, that each faculty analyse their existing clinical competency evaluation system to determine its reliability and validity.

The two types of assessment most commonly used in the faculties are norm-referenced and criterion-referenced. Most realize the inadequacy of attempting to use norm-referenced grading in the situation where a student's performance must reach an acceptable level of quality prior to graduation.

Therefore it was recommended:

3. that a criterion-referenced clinical competency evaluation be developed to
 - a) encompass the cognitive, psychomotor and affective domains,
 - b) encompass both process and product evaluation,
 - c) provide diagnostic evaluation both for student feedback and motivation and faculty information,
 - d) provide a measure of clinical competency.

To prepare students for evaluation of future clinical competency for long term improvement and continued excellence of performance, it was recommended:

4. that the evaluation system incorporate both self and peer evaluation as well as faculty evaluation.

Research has shown that calibration of faculty involved in evaluation improves both the accuracy and reliability of such evaluation and consequently the quality of student feedback. Therefore, it was recommended:

5. that faculties support continued or improved faculty development opportunities for instructor calibration.

Although most faculty members spend a great deal of time in student teaching and evaluation often the basis upon which they are rewarded is for academic efforts in research and scholarship. Because the development and implementation of a criterion-referenced evaluation system is very time consuming in its initial stages, it is recommended:

6. that each faculty be encouraged to provide incentives within their institution to encourage participation in the development, implementation and assessment of a reliable and valid clinical competency evaluation system for their students.

In addition, it was suggested that in light of the importance of this issue, that continued effort be directed toward assisting the dental faculties on a national basis in achieving a criterion based clinical competency evaluation system. It is hoped that the ACFD/AFDC grant proposal will find approval but in the meantime the conference participants made the following proposal:

7. that the Canadian Faculties of Dentistry contribute equally to the funding of a pilot project in clinical competency evaluation to be carried out in one or two disciplines (eg. removable prosthodontics, dental hygiene or endodontics).

EVALUATION OF THE EFFECTIVENESS OF THE CDA TEACHING CONFERENCE

"CLINICAL COMPETENCY EVALUATION"

APRIL 1982

A follow-up questionnaire was sent to participants to determine what changes, if any, had resulted from attendance and learning at the teaching conference held in Vancouver, June 1981.

There was an 87% response rate (n=20) which included representation from eight of the dental faculties and other interested parties that attended.

The following is a composite of the responses.

1. *Since the Conference, have you implemented any changes in your clinical evaluation system? If so, how have they been received?*

The majority had made some changes to their evaluation system and felt that they were well received when individuals understood the purpose. Additional time was needed for evaluation however the quality of student feedback had been improved.

2. *Does your clinical evaluation system require improvement? What faults do you think currently exist?*

Everyone felt that faults still existed in their evaluation system. A long list was identified:

- need more reliability and consistency*
- require better feedback
- system not criterion based or incomplete*
- need greater validity
- need practical system of implementation which is conducive to growth
- lack of process evaluation*
- need for faculty calibration (full and part time)*
- errors of central tendency or insufficient range of grades
- grade inflation
- better translation of evaluation to grade*
- a better rating scale

*most often identified

3. *Did the Conference help you plan improvements to your evaluation systems?*

The overall consensus was "yes" for the Conference provided an increased awareness of problems, many new and different ideas and a useful method of establishing a criterion based evaluation system.

4. *What aspects of clinical evaluation systems should have been discussed in greater depth?*

The following is a list of topics that was generated from the responses:

- evaluation of "professionalism", professional attitude
- conflict of the role and time involved in being a "teacher" versus an "evaluator"
- score/grade conversion
- how to make a criterion based system "practical"
- work on operational definitions of procedures
- process of faculty calibration
- discussion of discipline variations

5. *Have you been able to implement the use of the computer in your evaluation system?*

Most faculties have computer facilities available although not all are using it for evaluation purposes - rather for records and general monitoring of students. However, many commented that they learned about the great potential that is possible when a criterion based system and the computer are used together.

6. *What did you like about the Teaching Conference?*

Everyone was very complimentary about the quality of the speakers and the content of the Conference as a whole. The open informal discussions and opportunity to meet and discuss problems with others and "experts" was appreciated. Overall they found it to be well organized, informative, interesting and useful.

...../3

7. *What did you dislike about the Conference?*

Basically they disliked the rain! Individuals commented on terminology that was "foreign", a desire for more workshop activity and the fact that the Conference could have been longer than two days.

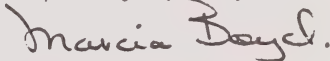
8. *What suggestions would you make if a similar conference were held in the near future?*

Some suggestions:

- do one discipline in length
- focus on one or two aspects of criterion based evaluation
- teaching versus evaluation
- report of implemented changes and the results of such
- develop a performance evaluation guide as an application of principles
- need for "intermediate" workshop
- small group meeting along with other topics such as test construction

As a result of the response to the questionnaire I am pleased to report to the Council on Education that I believe the Conference was a success and that some positive activity has been taking place as a consequence of attending the two day session.

Respectfully submitted,



Marcia A. Boyd, DDS, MA
Conference Chairman

MAB: mh

ETHICS

Members: Dr. J.W. Bradey, Guelph, Chairman
 Dr. R.A. Hunt, Winnipeg
 Dr. P.Y. Lamarche, Montreal
 Dr. W.I. Vogan, Halifax
 Dr. G.R. Thordarson, Vancouver

The Council on Ethics has not formally met since the 1981 Board of Governors meeting and there is no report available at this time.

HEALTH CARE

REPORT OF THE COUNCIL ON HEALTH CARE TO THE 1982 ANNUAL BOARD OF GOVERNORS

Members: Dr. H. Horsman, Riverview, N.B., Chairman
Dr. R. Bartalos, Ancaster, Ontario.
Dr. J.F. Begin, CFDS, St. Hubert, Quebec
Dr. A.D. Crocker, Tignish, P.E.I.
Dr. T. Dobbs, Winnipeg, Manitoba
Dr. E. Freidin, Saskatoon, Saskatchewan
Dr. E. Fukushima, Vancouver, B.C.
Dr. R. Janes, Gander, Newfoundland
Ms. K. MacDonald, CDHA, Halifax, N.S.
Dr. D. MacLeod, Kentville, N.S.
Dr. C.T. McNichol, Calgary, Alberta
Dr. J.C. Rooney, Riverview, N.B.
Dr. A. Toeman, Nun's Island, Quebec
Ms. B. Peterson, CDNAA, Calgary, Alberta

Dr. P.R. Crawford, Executive Liaison

Council Meeting

Since the last Interim Board of Governors meeting, the Council has met once on May 27-28, 1982.

Matters Requiring Board Action

Guidelines for the Control of Radiation in the Dental Office

The guidelines for the Control of Radiation in the Dental Office were developed by Health Care Council's Subcommittee on Radiation Protection. A survey of existing provincial policies for control of radiation in dental office was made and the appended report represents and reflects guidelines common to those provinces replying to the survey. The CDA draft document was sent to Dr. Denis Forest, Faculte medecine dentaire, University of Montreal, CDA expert in the field of Radiology for comment. You have before you the final Guideline draft in Appendix I.

APPENDIX I

Council recommends:

THAT the Guidelines on Control of Radiation
in the Dental Office be adopted, as appended.

(cont'd.)

HEALTH CARE

Matters Requiring Board Action

Guidelines for the Control of Radiation in the Dental Office (cont'd.)

MOTION TO REFER

82:83 *THAT the document Guidelines on Control of Radiation in the Dental Office be returned to the Council on Health Care for further study.*

ADOPTED

Dental Health Plans for Children (Guidelines)

Due to past difficulties on agreement on the previous guidelines at the Board level, a letter was sent to all provincial associations for comments on the existing statements in an attempt to develop a document that is acceptable to all. The appended guidelines are the result of these efforts.

APPENDIX II

RESOLVED:

82:84 *THAT Guidelines for the Dental Health Plans for Children be approved as a policy statement for national guidelines, as appended.*

ADOPTED

Recorded Vote: 2 - Opposed

Uniform System of Codes and List of Services

The Subcommittee of Uniform System of Codes and Services was reviewed and Council recommends:

THAT the following two numbers be added to the Uniform System of Codes and Lists of Services;

01415 - Standard Examination of Edentulous Mouth

01416 - Extended Examination of Edentulous Mouth

MOTION TO REFER:

82:85 *THAT the above items be returned to the Council on Health Care for further clarification.*

ADOPTED

HEALTH CARE

Matters for Information Not Requiring Board Action

Development of Methodology for Statistical Document Comparing - Fee-for-Service vs Other Systems

On March 19, 1982 Health Care Council presented a motion to the Board regarding the preparation of a statistical document that evaluates the cost effectiveness, accessibility and availability of the delivery of dental care by the fee-for-service private practise mode vs other delivery systems.

Executive Council requested Health Care Council to submit a methodology for this type of report.

It was Council's decision to form a subcommittee to devise a plan for development of this subject and a committee will be struck to

- a) collect all pertinent information
- b) recommend, in consultation with professional resource people (e.g. economist), any further information which is required to prepare a statistical document that evaluates the cost effectiveness, accessibility and availability of the delivery of dental care by the "fee for service private practice" mode.

Subcommittee on Dentistry for the Disabled

The document, Curriculum Guidelines for Dentistry for the Handicapped as prepared for the American Association of Dental Schools, was forwarded by the Council on Education to A.C.F.D. for consideration and Council on Health Care will follow their progress.

Health Care Council's subcommittee on Prepaid Dental Plans will review the manual entitled "CDA Policies on Prepaid Dental Plans and Guide on How to Complete Dental Claim Forms" that was copyrighted by CDA in 1979.

Occupational Health Hazards Subcommittee

Council considered the question of student education regarding occupational health hazards. Since it appeared that there is no standardization of courses on these topics, Council has referred this matter to the Executive Council to investigate with the appropriate body.

HEALTH CARE

Matters for Information Not Requiring Board Action

Nine Digit Numbering System

In accordance with Resolution 82:33 (March 1982 Board) regarding the eighth number of the nine digit system being designated for specialty classification, the Council on Health Care has suggested the following code:

Specialties

- 0 - General Practitioner
- 1 - Public Health Dentists
- 2 - Endodontics
- 3 - Oral Pathology
- 4 - Oral Surgery
- 5 - Orthodontist
- 6 - Pedodontist
- 7 - Periodontist
- 8 - Radiologist
- 9 - Prosthodontist

Respectfully submitted,

Howard W. Horsman,
Chairman,
Council on Health Care

ADOPTION OF REPORT

The Board accepts the Report of the Council on Health Care with thanks.

GUIDELINES FOR THE CONTROL OF RADIATION
IN THE DENTAL OFFICE

INTRODUCTION:

Since the Federal Government maintains jurisdiction over the standards of construction and functioning of x-ray equipment, while its installation, registration and office design criteria for its use are promulgated by provincial legislatures, any guidelines developed by C.D.A. for the use of x-radiation in the dental office should not deal specifically with legislative areas but rather set forth standards of practice for dentists which reflect and demand professional competence and judgement.

General Guidelines

1. All x-ray equipment should conform to the Federal requirements of the Radiation Emitting Devices Act.
2. All equipment installation and room design criteria, e.g. with respect to wall insulation, (lead lining or equivalent) should be in conformance with Provincial regulations. In the absence of existing Provincial regulations in any particular jurisdiction, the dentist should refer to Health & Welfare Canada Safety Code 22, National Council on Radiation Protection & Measurements, Report 35, or the ADA Recommendations on Radiographic Practices, 1981.
3. All operators should possess an adequate knowledge of radiation physics, radiation hazards and be able to produce consistent radiographs of diagnostic quality with a minimum of overall radiation exposure.
4. It is highly desirable that the operator set up a regular inspection programme of x-ray equipment (usually three years). On a constant basis, it is highly desirable that the operator establish a program to ensure consistently high quality radiographic film by monitoring processing conditions.
5. It is highly desirable that the operator request a qualified physicist to perform a regular inspection of the x-ray equipment to assess radiation output and "normalize" the x-ray taking system; that is, ensure that existing exposure and processing conditions are producing radiographs within an acceptable exposure range.

PROTECTION TO OPERATORS:

1. All operators must be of 18 years of age or older.

2. All operators should be licensed or certified according to a standard recognized by the provincial dental licensing body.
3. Any female operator who suspects she is pregnant should immediately advise the dentist so that he can ensure that for the duration of her pregnancy she will experience minimum radiation exposure. It should be noted here that the developing foetus is particularly sensitive to x-ray damage.

Operators in training

1. Personnel here must work under the supervision of a licensed dentist.
2. The minimum age of operators in training should be ideally 16 years of age but notwithstanding the guideline, any student under the age of 16 years shall not receive a dose to the gonads and/or bone marrow in excess of 500 millirems in any one year.
3. Personnel must not be exposed to the primary beam. Deliberate exposure of an individual for training purposes must not be carried out.

GENERAL GUIDELINES FOR OFFICE PERSONNEL:

1. A room must not be used for more than one x-ray procedure simultaneously.
2. No person, whose presence is not essential must be in the room during an exposure
3. If the operator must be in the room with the patient during exposure, then protective clothing must be worn.
4. The dental film should be fixed in position using holding device where necessary.
5. If parents or escorts are called to assist, then protective clothing should be worn.
6. The x-ray housing must not be held by the hand during operation.
7. All office personnel working with x-ray equipment should wear personnel dosimeters.
8. Dosimeters should be worn under the protective lead apron.
9. In situations where excessive radiation doses (greater than 25% of maximum permissible) are received by any one person, then remedial steps must be taken to improve techniques and protective measures.

GUIDELINES TO PROTECT THE PATIENT:

The risk to the individual patient from a single dental x-ray is very low. However, the risk to a population is increased by increasing the frequency of x-ray examinations and by increasing the number of persons x-rayed. Every effort should be made to ensure that patients are not subjected to unnecessary radiation.

1. The prescription of an x-ray examination by a licensed dentist should only be based on a clinical evaluation and be for the purpose of obtaining information not readily available from other sources.
2. Routine screening x-ray examinations should not be used.
3. One should determine if any recent x-ray films are available and see if those are adequate.
4. When a patient is transferred from one dentist to another then appropriate x-ray films should be made available upon request.
5. The number of radiographs required should be kept to a minimum, consistent with obtaining the required information.
6. Only films of an American National Standards Institute - Speed Group D rating or faster, should be used.
7. The quality of radiographs should be monitored routinely to ensure that they satisfy diagnostic requirements.
8. Repeat films should not be taken if the radiograph is not of the "best" quality but sufficient diagnostic information is contained within.
9. A lead apron and thyroid collar should be mandatory for the taking of intro-oral films.
10. The x-ray beam should be well-collimated so that it irradiates only the minimum area necessary for the examination. Under no circumstances should it be in excess of 7 cm. (2-3/4") at the level of the skin.

X-rays and the Pregnant Patient

1. Elective procedures should be deferred until after pregnancy.
2. If the films are necessary then they should be taken, provided that all the above safeguards are applied, using holding devices, paralleling techniques and leaded open-ended cone.

CONCLUSION:

There is really no "safe" level of radiation exposure. The frequency of the making of x-ray films is a matter of clinical judgement. The selection of equipment and techniques used is the decision of the dentist. However, the ultimate aim is to reduce the level of x-radiation emanating from the dental office and to this end there has evolved and been accepted a principle stating that an x-ray dose that can be reduced without loss of critical diagnostic information and without too much expense or inconvenience, should be reduced no matter how low it is and that a dose that can be avoided altogether without grave consequences, should be avoided. That is the ALARA Principle. (As Low As Reasonably Achievable).

*Health Care
1982*

*MOTION TO DEFER: 82:83
September 1982*

"GUIDELINES - DENTAL HEALTH PLANS FOR CHILDREN"

The highest quality dental service the nation's resources can provide should be made available to Canada's children. Implementation of the following guidelines, recommended by the Canadian Dental Association, will help to assure the availability of this high quality dental health care.

1. The major emphasis of any plan and its highest priority should be given to its educational and preventive components.
2. Fluoridation of communal water supplies to controlled levels should be mandatory. Fluoridation is a safe, inexpensive and proven public health measure that can reduce by half the incidence of dental caries and the need for dental treatment.
3. The plan should provide comprehensive coverage up to age 18.
4. Patients should be free to choose their own dentist without losing the financial credits provided by the dental plan.
5. The plan should utilize practitioners engaged in private practice.
6. A licensed dentist must assume the ultimate responsibility for the dental services for the patient, and the competent performance of all dental services rendered at his/her direction.
7. The delegation by the dentist of intra-oral procedures to formally qualified dental auxiliaries should take place only after the diagnosis and treatment plan have been determined by the dentist.
8. Intra-oral procedures rendered by qualified dental auxiliaries should be performed only under the supervision of the dentist, as defined by the provincial dental licensing authorities.
9. Regular recall appointments, usually semi-annual, should be included as a prescribed part of the plan. When making the recall examinations, the dentist should give emphasis to the diagnosis and preventions of all aspects of oral disease and abnormality.
10. Diagnostic, preventive and treatment services should be readily available to children with handicapping conditions. The service should be performed by or under the supervision of a dentist, and when indicated, the services should be provided in an environment suited to the specific needs of the child.
11. In order to minimize dental problems resulting from participating in sports, CSA approved face protective devices are recommended.
12. Systems of cost accounting and of gathering dental health statistics should be instituted as integral parts of the plan for purposes of comparison and control.

ADOPTED
Board of Governors
September, 1982

COUNCIL ON HOSPITAL SERVICES

REPORT OF THE CDA COUNCIL ON HOSPITAL SERVICES TO THE 1982 MEETING OF THE BOARD OF GOVERNORS

Members: Dr. M. Gornitsky, Montreal, Chairman
Dr. E. Cree, Montreal
Dr. K.M. Gordon, Edmonton
Dr. J.H. Gryfe, Toronto
Dr. W. Sussel, Chilliwack
Dr. C. Terriss, Halifax

Dr. D.L. Thompson, Executive Liaison

1. Council Meetings

One meeting of the Council on Hospital Services has been held since the 1982 Interim meeting of the Board of Governors on August 30, 1982. All members of Council and the Executive Liaison Representative were present.

2. Items of Business for Board Consideration

(1) CDA Membership on CCHA

No further progress appears to have been made in the application of the CDA for membership on the Canadian Council on Hospital Accreditation. We have neither been refused membership nor offered it and Council therefore recommends:

*THAT the CDA re-apply for membership
on the Canadian Council on Hospital
Accreditation as soon as possible.*

DEFEATED

(2) Questionnaire re Dental Care in Long Term Care Institutions

The survey of dental care available to patients in long term care institutions has been completed. The results of the survey show that there is a distinct lack of dental care available to that segment of the Canadian population residing in such institutions and it is therefore,

RESOLVED:

82.87

*WHEREAS the numbers of patients receiving
chronic institutional care is steadily
increasing across Canada; and*

COUNCIL ON HOSPITAL SERVICES

Questionnaire re Dental Care in Long Term Care Institutions

82.87 - cont'd *WHEREAS it has been shown in many studies that a requirement for care due to oral pathology or deficiency is at the 80% level for these patients; and*

WHEREAS the survey carried out by this Council of provincial availability of dental services in various levels of chronic care institutions has demonstrated a vast deficiency;

THAT CDA address this matter forthwith to provide the required stimulus to remedy the situation of a considerable need for dental service in an institutionalized segment of the population.

ADOPTED

(3) Guidelines for Sterilization Procedures in Hospitals

Council considered a draft of sterilization guidelines for use in hospital dental departments. This draft had been prepared by Dr. Sussel and is attached as Appendix 1. Council recommended:

THAT the draft on sterilization procedures be adopted for publication as guidelines.

Although prepared with hospital use in mind, Council believes that the principles contained therein should also be applied to the private dental office.

MOTION TO REFER:

82.88 *THAT this matter be returned to the Board of Governors, after governors have had sufficient time to consider the Guidelines.*

ADOPTED

3. Items of Business for Information

(1) American Dental Association - Council on Hospital & Institutional Dental Services

The Chairman attended the meeting of the ADA Council on Hospital and Institutional Dental Services in April 1982 and a report on this meeting is attached as Appendix 2.

COUNCIL ON HOSPITAL SERVICES

Items of Business - for Information - continued

(2) Survey Documentation

Survey documentation for use in surveys of Hospital Internship/Residency Programs in General Dentistry has been revised and is to be forwarded to Chiefs of Dentistry and Deans of Dental Schools for comment.

(3) Provincial Hospital Acts

At the time of its next meeting Council proposes to study Provincial Hospital Acts as they relate to the dental presence in Hospitals and the responsibilities of dentists in the hospital environment.

(4) Surveys

Reports:

Following surveys carried out since the last meeting of Council, the following programs received the status of APPROVAL:

Royal Victoria Hospital, Montreal - Dental Service & Residency Program

University Hospital, Saskatoon - Internship Program

Three-Year Schedule

A proposed three-year schedule of surveys was approved by the Council.

(5) Board Action on Council Report

Council discussed Board resolution 82.36 from the Interim meeting of the Board of Governors which reads as follows:

THAT to avoid a conflict of interest, Council members divorce themselves from the surveyors' role except for exceptional circumstances; and

THAT the Council be directed to expand its surveyors' pool to address regional requirements in the interest of economics and administration of the CDA; and

FURTHER THAT the surveys be spread over a period of three years for the same reason.

Council wishes to direct the Board's attention to the following comments:

Re paragraph 1 of the Resolution - Council feels that experience in hospital dentistry is necessary for surveying hospital departments and also that many surveyors from all parts of Canada have been used over the past five years.

HOSPITAL SERVICES

(5) Board Action on Council Report - continued

Re paragraph 2 - Council has been trying for a number of years to hold a workshop for surveyors but, although approved by the Board, for various reasons this workshop has never been held.

Re paragraph 3 - This has been instituted.

(6) Executive Comment, Page 5, Item (3) of Council on Education Report

Council was disturbed that the Executive Council should recommend that the Council on Hospital Services should cease to exist and wishes to direct the Board's attention to the following recommendation which was presented to the Interim Board in March 1982:

1. Whereas the aims and objectives of this Council are to promote and encourage hospital dentistry; and
2. Whereas accreditation of hospital services and programs has been a major preoccupation of this Council for many years; and
3. Whereas Council members have developed expertise in collating survey results relative to hospital dentistry and Residency/ Internship programs; and
4. Whereas it would be difficult to divorce general practice Internship/Residency programs from hospital dental departments and services because
 - (a) a significant portion of the education process in hospitals stems from the interaction between physician and dentist, and
 - (b) the service component is a contributing factor to the educational experience, and
5. Whereas the level of the educational component differs significantly from undergraduate education, and
6. Whereas in most instances the educational component associated with the university as applied to the hospital is minimal, and
7. Whereas the hospital dental programs take most of their educational experience from within the hospital milieu itself, and
8. Whereas dental Residency programs are largely funded by the Ministry of Health rather than the Ministry of Education and
9. Whereas it is more cost effective to accredit a dental program along with the dental department or service, and

continued

HOSPITAL SERVICES

(6) Executive Comment, Item (3) Council on Education Report - continued

10. Whereas it would be counterproductive to dismantle an ongoing structure devoted to excellence in its field;

Council recommends:

That the responsibilities of the Council on Hospital Services of the Canadian Dental Association as presently structured be maintained.

MOTION TO REFER:

82.89 *THAT the responsibilities of the Council on Hospital Services of the CDA as presently structured be maintained and referred to an Ad Hoc Committee on Hospital Services for investigation.*

ADOPTED

Respectfully submitted

M. Gornitsky,
Chairman
Council on Hospital Services

ADOPTION OF REPORT

The Board adopted the report of the Council on Hospital Services with thanks.

CANADIAN DENTAL ASSOCIATION
COUNCIL ON HOSPITAL SERVICESGUIDELINES FOR STERILIZATION PROCEDURES IN HOSPITAL DENTAL DEPARTMENTS

The object of these guidelines is to provide a practical method for use in hospital dental departments to control infections. The emphasis is on the word "control" rather than "eliminate" as measures ensuring complete elimination are theoretically possible but not practically applicable in routine day-to-day practice.

To direct the philosophy of infection control we must determine whom we are protecting and what we are protecting them against. In our situation we must protect (a) the patient and (b) members of the dental treatment team.

The diseases and/or organisms involved are relatively few in spite of long lists of potentials one often sees. Patient to patient (fomites) transfer includes:

- (a) Hepatitis B
- (b) Herpes simplex I and II
- (c) Mycobacterium tuberculosis
- (d) Slow virus disease (speculative), e.g., Kreutzfeld-Jakob disease

Patient-operator transfer (direct) includes all of the above plus *Treponema pallidum* (syphilis).

Other pathogenic or potentially pathogenic micro-organisms may exist in our patients, however, it should be borne in mind that the majority of oral infections are endogenous and respiratory (droplet) infections are more a factor of our waiting rooms than of our operatories. It should also be remembered that if we control the infections listed above, other pathogenic potentials will also be controlled as they are lower on the scale of transmissability and resistance to biocidal agents.

METHOD:

1. All patients should have a thorough medical history taken prior to treatment and be examined for signs of potential infectivity.
2. All members of the dental team should utilize protective gear for all procedures to include:
 - a) rubber gloves
 - b) eye protection
 - c) masks
 - d) rubber dam for patient wherever possible

3. Biocidal/antiseptic soap should be used frequently on gloved and ungloved hands - and between all patients prior to commencement and on completion of treatment.
4. All instruments must be pre-cleaned in disinfecting solutions prior to sterilization or cleaned in ultra-sonic cleaning units. Personnel should have protective gloves, etc.
5. Effective control requires heat sterilization for all instruments used on patients.
6. Work surfaces, lights, etc., that cannot be heat sterilized must be effectively decontaminated with "high level" chemicals. Hand-pieces may as secondary choice be treated similarly.
7. All waste materials must be disposed in sealable plastic bags for effective avoidance of cross contamination. Air-liquid wastes should be evacuated during patient procedures via closed system, high-volume suctions in the case of operative procedures or, in surgical procedures only, standard closed system suctions.
8. Air-water syringes, handpieces and suction lines should be periodically flushed with viricidal or bleach solution.
9. Contamination of work surfaces, charts, drawer handles, lights should be avoided by using techniques of non-handling with contaminated hands or by use of protective shields.
10. Sterilization containers and/or packages must be compatible with the modality used and should have a marker strip to signal adequate exposure to heat. As well as chemical markers, biological testing of equipment should be carried out periodically.
11. Suggested methods of sterilization are, in order of desirability in terms of effectiveness and ease of application to dental instruments:
 - (a) unsaturated chemical vapour (chemiclave)
 - (b) steam auto clave
 - (c) dry heat
12. The only currently effective cold chemical agents recommended are:
 - (a) 2% alkaline glutaraldehyde
 - (b) 1:5 dilution of household bleach
13. Antimicrobial preparations for handwashing currently recommended are products containing 4% chlorhexidine, e.g. Hibitane skin cleanser - Ayerst.

SUMMARY

It is presumed that the above guidelines are applied by personnel trained in basic sterilization knowledge and technics hence detailed application and usage have not been elaborated. Although directed at the hospital dental clinic, the same standards are applicable in routine private practice as well. We must always remember that the known infectivity risk patient is not the potential for danger in terms of disease transmission as much as the unknown risk patient. It is towards both groups that our efforts for infection control must be directed at all times.

REPORT ON THE MEETING OF THE COUNCIL ON HOSPITAL AND INSTITUTIONAL DENTAL SERVICES OF THE AMERICAN DENTAL ASSOCIATION HELD AT THE HEADQUARTERS BUILDING, CHICAGO, APRIL 5TH & 6TH, 1982.

The activity of this Council has been modified by the discontinuance of the A.D.A. Hospital Dental Service Accreditation due to it being supplanted by the Joint Commission on Accreditation of Hospitals. The implementation of an integrated accreditation program with the Joint Commission has resulted in a moratorium at present. The survey documents are being revised and they are in the process of training surveyors to undertake hospital dental accreditation through the JCAH. There was also a verbal report of the ADA commissioner to the JCAH describing ongoing activity.

With the discontinuance of the actual accreditation surveys, consideration was given to these Council activities:-

1. Make recommendations to JCAH regarding standards and survey procedures affecting dentistry in hospitals and institutions.
2. Review state and federal legislation and rules and regulations impacting on hospital and institutional dental services.
3. Revise as necessary standards and guidelines for hospital and institutional dental services.
4. Make recommendations concerning federal and other third party re-imbursement for dental services delivered in hospital settings.
5. Review by-laws, rules and regulations of hospitals having dental services.

Other activities that were reviewed and discussed involved projects that will include:-

1. Defining hospital dentistry
2. The need for hospital dentistry
3. Identifying the types of dental patients most appropriately served in a hospital setting.

4. Identifying the knowledge and skills to function most efficiently in a hospital.
5. Liaison be established with the state constituent and component dental societies regarding their hospital affairs committee.
6. Develop a promotional brochure regarding the services of the Council.

A very interesting topic discussed was the report of the special committee on the future of dentistry. This was based on a resolution which directed the ADA Board of Trustees to place a high priority on the development of a comprehensive plan for the future of the dental profession. The Committee activity involves dental research, dental practice, dental education, dental manpower and public-professional concern. One of the assumptions made was that enrollment in doctoral, specialty, and dental auxiliary programs will decrease during the present decade while enrollment in advanced general practice programs will increase, if financial support is available. Thus the general practice program in hospitals will receive increasing attention from the dental student who will require the time to evaluate his/her future. A corollary to this assumes that a broader range of necessary dental treatment will be provided by general dentists. Thus demand for dental services for the medically and physically handicapped, will assume greater importance and will require additional expertise which could only be provided by hospital dental residency programs. In return, I reported to them of the ongoing activities of the Canadian Dental Association Council on Hospital Services. This inter-action continues to be a learning experience and should be maintained into the future. As usual, the Council, through the Chairman and Executive Director, extended to me, as representative of the CDA, exceptional kindness and courtesy.

Respectfully submitted

Dr. Mervyn Gornitsky

June 8th, 1982.

SUPPLEMENTARY REPORT OF THE COUNCIL ON HOSPITAL SERVICES
TO THE BOARD OF GOVERNORS, SEPTEMBER 25TH, 1982.

The Council on Hospital Dental Services was established in 1971 to encourage the formation of hospital dental facilities and Internship/Residency Programs; to survey and accredit these facilities, to foster hospital dentistry on a nationwide basis and examine and report on Provincial Acts governing provision of dental services in hospitals. The activities of the Council to date include:-

1. Acting as a resource center for the Provincial Committees on Hospital Services, as well as for the various specialty organizations where hospitals are used for graduate education.
2. Surveying the Provinces to evaluate dental care in long-term institutions and nursing homes.
3. We are in the process of setting standards for sterilization procedures in hospital dental facilities and hopefully, this can be carried into the private dental offices.
4. Reviewing Provincial and Federal legislation, rules and regulations impacting on hospital dental services.
5. Revising as necessary, standards and guidelines for hospital dental services.
6. Reviewing By-laws, rules and regulations of hospitals having dental services.

Projected activities for the future include identifying the types of dental patients most appropriately served in a hospital setting, identifying knowledge and skills to function most efficiently in a hospital, establishing liaison between the Provincial Committees for hospital dental services and the Canadian Dental Association, so as to coordinate activities, and to develop a promotional brochure defining hospital dentistry and elucidating the need for this very important service.

It is difficult to understand the reasoning behind the phasing out of this Council considering the various activities that are in progress and as well, the knowledge that hospital dentistry will be the challenge of the 80's. The importance of hospital dental services is proportional to the progress being made in medicine in keeping patients alive. As well, a large number of institutionalized chronic care patients will have to be serviced. The hospital dentist will be in the forefront of dealing with the medically compromised, handicapped and geriatric patient.

In the United States, hospital dentistry has reached a new plateau in the acceptance of the dentist as an equal, by the physician in the hospital milieu. The qualified oral surgeon is now permitted to perform the admission history and physical examination for their patients in a licensed general acute care hospital. The American Dental Association has become a member of the Joint Commission on Hospital Accreditation and is in a position to influence this body so as to raise the status of the hospital dentist. Recently the W. Kellogg Foundation, along with the American Association of Dental Schools, has written a book on "Advanced Dental Education, Recommendations for the 80's". Among the salient features noted is that the task force recommends the number of positions in General Practice Residencies and other advanced dental programs designed to better prepare students for general practice, to be increased to accommodate approximately one-half of the dental school graduates by the mid-1980's. The task force recognizes that an increased number of dental graduates are now seeking a post-doctoral experience in general practice. These programs give a new graduate a chance to integrate knowledge and skills learned in dental school while gaining additional proficiency and confidence in providing a wider range of comprehensive dental services. In treating medically compromised patients who might otherwise not receive dental care, general practice residents

become sensitive to the unique needs of these special people. Governmental agencies in the United States have recognized this aspect of dental care and have made monies available for the creation of dental facilities in hospitals.

There are now 39 hospital dental services in all provinces of Canada other than New Brunswick and Prince Edward Island. Within these hospitals there are 20 programs involving General Practice Internships or Residencies. These numbers have grown in the last 5 years, and we hope they will increase further in the near future. Unfortunately we have not been able to involve the Federal services in our Accreditation process. Hopefully, these may be integrated in the future.

In response to the resolution passed by the House of Delegates of the ACFD, the following motion was made and carried unanimously by the Council on Hospital Services.

COUNCIL ON INFORMATION SERVICES

REPORT OF THE CDA COUNCIL ON INFORMATION SERVICES

TO THE 1982 BOARD OF GOVERNORS

September 24, 25, 1982

Council Members

Chairman: Dr. Y. Kamachi, North Bay, Ontario.
Dr. D. Scramstad, Surrey, British Columbia
Dr. M. Carvonis, Hull, Québec
Dr. C. Leblanc, Moncton, New Brunswick
Dr. W.T. Koltek, Winnipeg, Manitoba
Executive Liaison: Dr. J. Laporte, Québec, Québec

Council Meeting

1. Since the 1982 interim Board of Governors meeting the council has met once, June 4, 1982.

Matters of Information not Requiring Board Action

National Dental Health Month

2. Dr. Carvonis, NDHM chairman reported on the 1982 campaign which was very successful. He said that :
 - a) A total of 846 national dental health month kits were distributed to all provincial associations and other organizations this year compared to 605 kits last year.
 - b) Poster distribution was up for 1982.
 - c) The 30-second television public service announcements featuring Sheri Lewis were used once again this year to promote NDHM.
 - d) A new French television public service announcement was produced and distributed in Québec and New Brunswick.
 - e) Live radio spots were distributed in both official languages to all radio stations in Canada.
 - f) Six provinces participated in the national poster contest.

COUNCIL ON INFORMATION SERVICES

National Dental Health Month - continued

g) NDHM was promoted by Holiday Inns and McDonald's restaurants across the country. The NDHM theme "Smile Canada, April is National Dental Health Month" was displayed by both firms either on the hotel billboards or posters within the hotel lobby, and on tray liners by the restaurants.

h) A new concept was used this year to promote NDHM. Public service announcement magazine ads were distributed to all major English and French publications. The theme "Smile Canada" was used.

i) The Dental Hygienists using CDA artwork produced and distributed buttons which were very popular.

j) More than 100 news clippings many incorporating CDA material were correlated at the time of the meeting.

The 1982 poster with the slogan "Smile Canada" appeared to be very well liked as indicated by mail, phone comments and orders. The NDHM chairman said the slogan "Smile Canada - Sourions" will be used for several more years.

Council members reported successful NDHM promotions in their areas.

a) In New Brunswick the milk companies promoted NDHM by using the poster on their 2 per cent and skim milk cartons.

b) In North Bay, the Block Drug company gave 1,000 toothbrushes to the North Bay and District Dental Association. They were distributed by dental assistants and hygienists at McDonald's which had a dental health week celebration.

c) The business card advertising pages were successful in several areas to promote NDHM. In these pages, the NDHM theme and oral health message with the poster was displayed and local businesses paid the cost with their name identification.

Dr. Laporte stated that more dentists should join their hygienists or assistants at local activities promoting NDHM in order to respond to queries assistants and hygienists might not be able to answer.

It was emphasized that National Dental Health Month is a dental-team promotion and that dentists should actively participate "on the scene" with auxiliary groups.

COUNCIL ON INFORMATION SERVICES

National Dental Health Month - continued

Discussions on handling of interviews with the media was examined at some length and it was suggested that tips on interviewing be added to the NDHM kit. Concern was expressed by some council members that dental colleagues have interpreted some news articles as advertising. Dr. Koltek agreed to do an article providing guidelines to avoid this pitfall.

It was suggested that we promote good oral health in the media all year round, kicking off the year-long campaign in April with National Dental Health Month.

The Executive Liaison informed members that the Order of Québec Dentists produced a new television public service announcement aimed at children.

Dr. Kamachi expressed council's appreciation to Dr. Carvonis for the excellent job he has done as NDHM chairman. Dr. Carvonis was requested to stay on as NDHM chairman for 1983 and he has agreed.

Executive Council Comment:

The Executive Council commends the National Dental Health Month Committee on their fine organization of the 1982 campaign and congratulates the members on the success which they achieved.

Media Workshop

3. It was reported that the Manitoba Dental Association will be taking the media workshop course in Winnipeg the weekend of June 12-13, with the same instructors who conducted the course in Ottawa. Dr. Leblanc says that the Atlantic provinces would be interested in taking such a course and he would look into the feasibility of having a media workshop course somewhere in the Maritimes.

Speakers' Bureau

4. As there was no response to the recent memo to the corporate members of the Speakers' Bureau a further memo will be distributed.

Pamphlets

5. CDA is currently distributing close to half a million English and French pamphlets a year.

COUNCIL ON INFORMATION SERVICES

Pamphlets - continued

Pamphlets in Production

The TMJ occlusion pamphlet by Dr. John Nasedkin was discussed. In the draft for the consensus of the council was that the content of the pamphlet was good, but the general presentation was much too technical and too long for the lay public. It was agreed that the section on treatment be deleted and Dr. Nasedkin will be asked for a further draft to make it more understandable to the lay audience.

It is with regret that Dr. Ron Jordan is not able to do the pamphlet on restorative dentistry due to a heavy work schedule. The CDA wishes to replace the pamphlet "Broken and Infected Teeth". Council will approach several other authorities to write this pamphlet.

Dr. Frank Pulver who was involved with the paedodontic pamphlet has suggested that the material be rewritten or paraphrased from the American Association of Paedodontics material. The council wishes to develop and print pamphlets by the CDA with Canadian authors and will pursue alternative persons to rewrite these pamphlets.

The Canadian Dental Hygienists' Association would like to contribute to the production of the new pamphlets. Council agreed to contact the association and send them samples of our newest pamphlets, solicit their ideas for new pamphlets and ask for some clarification of the form their contribution would take.

CDA's aim is to get all the pamphlets revised and then to conduct a marketing campaign.

In order to eliminate pamphlet duplication Dr. Laporte suggested council send a letter to every corporate member asking for samples of their pamphlets to determine if they are being duplicated.

Articles other than CDA Journal

6. There followed some discussion on producing articles for new mothers which was prompted by a letter from the chairman of the Council on Health Care to the chairman of Council on Information Services. He suggested that new mothers are a good target group for information on fluoridation and nutrition. He proposed that CDA produce articles for two publications "Best Wishes" and "Baby Talk" with a combined circulation of 600,000. These bilingual publications are distributed free to new mothers and are designed to educate them with baby care. "Baby

COUNCIL ON INFORMATION SERVICES

Articles other than CDA Journal - continued

Talk" is published annually and "Best Wishes" quarterly. It was agreed that council would write to the magazines and determine the necessary details. Dr. Leblanc agreed to be the resource person for these articles.

Film Production

7. Council members viewed the film on ophthalmology from Crawley Films called "Two-Way Window" as an example of a specialty film.

The council generally found the film too dry and the intent unclear. It was suggested that such a film would not be popular with the public.

A lengthy discussion followed on the need for professional films on dentistry geared to the public. The chairman had approached the National Film Board regarding a film of this type for the CDA. He reported that a need for dental health films for the National Film Institute library was pressing. The National Film Board suggested that such a film on dentistry be lively, entertaining and between 15-20 minutes in length to achieve maximum effectiveness. Films produced for T.V. are expensive and are not necessarily aired by the network. Funding could possibly be shared by the National Film Board, the CDA and the Department of National Health and Welfare.

Following this report there was further discussion on the need of CDA in this area, the types of film needed, possible topics and cost. It was agreed that the Council on Information Services would recommend the investigation of the feasibility of making a film as a joint production of the National Film Board, Department of National Health and Welfare and the Canadian Dental Association of a 15-20 minute documentary type targeted at a family audience. The film subject could be Healthy Mouth, Key to a Healthy Body (importance of keeping teeth).

Respectfully submitted,

Dr. Y. Kamachi
Chairman
Council on Information Services

ADOPTION OF REPORT

The Board accepts the report of the Council on Information Services with appreciation.

COUNCIL ON NOMINATIONS

REPORT OF THE COUNCIL ON NOMINATIONS TO THE CDA 1982 BOARD OF GOVERNORS

Members: Dr. G.E. Utas, Chairman
Dr. F. Reid
Dr. R.L. Moran
Dr. M.J. Crompton

1. Council did not meet during the term; business was conducted by correspondence and telephone.
2. Solicitation of nominations for elective offices and vacancies was conducted in accordance with the by-laws and terms of reference of the Council.
3. All elective offices and vacancies for the 1982-83 term have been filled by eligible nominees.
4. Elections are to be held during the annual meeting of the Board of Governors in Ottawa September 24, 25, 1982.
5. The call for nominations format was amended to reflect the change in C.D.H.A. and C.D.A.A. representation to the Councils on Education and Health Care.
6. The nominations form was revised to provide for identification of the corporate body in which the nominee holds membership.
7. In deference to concern expressed by some members regarding the lack of prior knowledge of the names of candidates who have been nominated to C.D.A. Offices, Councils and Committees from their province or region, the Board of Governors at their annual meeting in 1981 directed the Council on Constitution and By-laws to address the subject and present recommendations.

The Council on Constitution and By-laws referred the matter to the Council on Nominations.

Without altering or modifying the present terms of reference of the Council on Nominations or the present election format, Council suggests that an additional paragraph be added to the present nomination form.

COUNCIL ON NOMINATIONS

RESOLVED:

- 82.90 *THAT the C.D.A. nominations form be revised to include the following statement:*

Attention nominator:

At the time of submission of the nomination form to the C.D.A. Council on Nominations please notify the candidate's provincial association identifying the candidate and the office, council or committee to which he has been nominated.

ADOPTED

8. Elections will be required as indicated in the appended table. APPENDIX A

9. *RESOLVED:*

- 82.91 *THAT one ballot be cast to elect those candidates to offices and vacancies where no opposition exists.*

ADOPTED

10. The call for nominations, the nomination form, the list of nominees with biographical information and the nominations table are appended and comprise part of this report. APPENDIX B
APPENDIX C
APPENDIX D
11. The Council on Nominations emphasizes the necessity of adherence to the concept of regional representation, especially as it applies to the Executive Council.
12. Council expresses appreciation to the nominators for their assistance in providing nominees, to the candidates for their willingness to serve and to the staff for their assistance.

Respectfully submitted

Gilbert E. Utas
Chairman

ADOPTION OF REPORT:

The Board accepts the report of the Council on Nominations with appreciation.

NOMINATIONS

Addendum

Election of Officers

Appointment of Scrutineers

RESOLVED:

82.92 *THAT Drs. J. Doughty and D.J. Yeo
be appointed scrutineers.*

ADOPTED

RESOLVED:

82.93 *THAT Dr. R.N. Hicks be elected President-
Elect for the 1982-83 term;*

*THAT Drs. T. Ramage, B. Holmes and
J. Robertson be elected to the
Executive Council for the 1982-83
term;*

*THAT Drs. N. Andrews, W. Burgman, M. Jahjah
and E.W. McIntyre be elected to the Council
on Education for the 1982-83 term.*

ADOPTED

RESOLVED:

82.94 *THAT the ballots be destroyed.*

ADOPTED

MOTION FROM THE FLOOR:

RESOLVED:

82.95 *THAT Dr. G.E. Utas be appointed to the
Council on Nominations.*

ADOPTED

NOMINATIONS

Addendum - continued

RESOLVED:

82.96 *WHEREAS a willingness to serve for the
ensuing term has been indicated;*

*THAT the following members be appointed
to serve on the Council on Dental Materials
and Devices for the 1982-83 term:*

*Dr. R.Y. Barolet, Ste-Foy
Dr. P.C. Desautels, Montreal
Dr. J.M. Gourley, Corner Brook
Dr. L.N. Johnson, London
Dr. D.W. Jones, Halifax
Dr. D. Smith, Toronto
Dr. P.T. Williams, Winnipeg*

ADOPTED

NOMINATIONS
CDA ELECTIVE OFFICES - 1982

ELECTION REQUIRED *

OFFICE/INCUMBENT	COMMENT	ELIGIBILITY	TERM	NOMINEES - AFFILIATIONS
<u>Chairman of the Board</u> Dr. N.A. Mancini (Ontario)	Elected Annually	Active or Honorary Member	1 year	Dr. N.A. Mancini (Ontario)
<u>President-Elect</u> Brig.-Gen. W.R. Thompson (Ont.)	Elected Annually	Member of Board of Governors	1 year	Dr. D.L. Thompson (Alberta) Dr. R.N. Hicks (B.C.)
<u>Executive Council</u> Dr. R.N. Hicks - 1982 (1) Dr. R.D. Sexton - 1982 (1) Dr. B.W. Holmes	Annual election to fill expired terms	Member of Board of Governors	2 year	Dr. B.W. Holmes (Ontario) Dr. G. Pitkin (Ontario) Dr. J. Christie (Atlant. Prov.) Dr. J. Robertson (Atlant. Prov.) Dr. T.E. Ramage (B.C.)
<u>Council on Constitution & By-Laws</u>	Annual election to fill expired terms	CDA member with stipulations	3 year	Dr. G. Peacock (Sask.)
<u>Council on Education</u> Dr. N. Andrews - 1982 (1) Dr. K.C. Bentley - 1982 (1) Dr. A. Osborn - 1982 (1) Dr. M. Jahjah - 1982 Dr. D.J. Yeo - 1982 (2) Dr. G.H. Peacock - 1982 (2) Dr. E.J. Rajczak - 1982 (2) Ms. R. Hurley - 1982	Annual election to fill expired terms	CDA member with stipulations	3 year	Dr. N. Andrews (NON-UNIV) Dr. A. Osborn (NON-UNIV) Dr. K. Pownall (REGISTRAR) Dr. M. Boyd (UNIV) Dr. E.W. McIntyre (NON-UNIV) Dr. K.C. Bentley (ACFD) Dr. M. Jahjah (NON-UNIV) Dr. W. Burman (NON-UNIV) Ms. R. Hurley (STUDENT)

APPENDIX A

NOMINATIONS
CDA ELECTIVE OFFICES - 1982

ELECTION REQUIRED *

OFFICE/INCUMBENT	COMMENT	ELIGIBILITY	TERM	NOMINEES - AFFILIATIONS
<u>Council on Ethics</u> Dr. P.Y. Lamarche - 1982 (2) Dr. J.W. Bradey - 1982 (2)	Annual election to fill expired terms	CDA member with stipulations	3 year	Dr. R.C. McLelland (Alberta) Dr. W.G. Leggett (Ontario)
<u>Council on Health Care</u> Dr. H.W. Horsman - 1982 (1) Col. J.F. Begin - 1982 (2) Dr. E. Freidin - 1982 (2) Dr. A.D. Crocker - 1982 (1) Dr. T. Dobbs - 1982 (1) Dr. E.K. Fukushima - 1982 (1) Dr. C.T. McNichol - 1982 (1) Dr. A. Toeman - 1982 - completing unexpired term Dr. J.C. Rooney - filling a 1981 vacancy	Annual election to fill expired terms	CDA member with stipulations	3 year	Dr. H.W. Horsman, N.B. L-Col. P.R. McQueen, C.F.D.S. Dr. K.I. Hamilton, Sask. Dr. A.D. Crocker, P.E.I. Dr. C.T. McNichol, Alberta Dr. E. Fukushima, B.C. Dr. K.R. Skinner, Manitoba Dr. A. Toeman, Quebec
<u>Council on Nominations</u> Dr. M.J. Cripton - 1982	Nominations will be received from floor at Annual Meeting		3 year	

NOMINATIONS1982I President-Elect

Term: 1 year
 Eligibility: Member of the Board of Governors
 1 to be elected 1. _____

II Chairman of the Board

Term: Elected annually
 Eligibility: Active or Honorary Member (may hold no other
 elective office during his tenure as Chairman)
 Incumbent: N.A. Mancini, Hamilton
 Eligible for re-election
 1 to be elected 1. _____

III Executive Council - 9 members

Term: 2 years: renewable twice
 Eligibility: Member of the Board of Governors
 Incumbents: G.E. Utas, Past-President
 D.E. Williams, President
 W.R. Thompson, President-Elect
 R.N. Hicks, 1982 (1)
 B.W. Holmes, 1982
 P.R. Crawford, 1983 (1)
 R.D. Sexton, 1982 (1)
 D.L. Thompson, 1983 (2)
 J. Laporte, 1983 (1)

Summary:

Dr. G.E. Utas retires as Past-President. Drs. R.N. Hicks and R.D. Sexton are completing their first terms and are eligible for re-election. Dr. B.W. Holmes is a presidential appointment to fill the unexpired term of Dr. W.R. Thompson and is eligible for election.

If an incumbent in his non-elective year is elected President-Elect, the uncompleted term will be filled by Presidential appointment.

3 to be elected 1. _____
 2. _____
 3. _____

Nominations - 1982 - continued.....

IV Council on Constitution & Bylaws: 4 members

Term: 3 years: renewable once

Incumbents: D. McDougall, Victoria, 1983 (1), Chairman
G. Anthony, St. John's, 1984 (2)
B.M. Jackson, Kitchener, 1984 (1)

Summary:

One vacancy to be filled to bring Council to full complement.

1 to be elected 1. _____

V Council on Dental Materials & Devices: 8 members

Term: Nominated by the Executive Council and
appointed by the Board of Governors
annually.

Incumbents: R.Y. Barolet, Ste-Foy
P.C. Desautels, Montreal
J.M. Gourley, Corner Brook
L.N. Johnson, London
D.W. Jones, Halifax
D. Smith, Toronto
P.T. Williams, Winnipeg

RECOMMENDATION:

WHEREAS a willingness to serve for the ensuing term has been indicated;
Be it resolved that the above-listed members be appointed to serve on
the Council on Dental Materials and Devices for the 1982-83 term.

Nominations - 1982 - continued

VI Council on Education: 13 members

Term: 3 years: renewable once

Incumbents:	D.J. Yeo, Vancouver, 1982 (2), Chairman	UNIV
	I.C. Bennett, Halifax, 1984 (2)	UNIV
	G.W. Myers, Edmonton, 1983 (2)	UNIV
	N. Andrews, Halifax, 1982 (1)	NON-UNIV
	M. Jahjah, Montreal, 1982	NON-UNIV
	A. Osborn, Winnipeg, 1982 (1)	NON-UNIV
	E.J. Rajczak, Hamilton, 1982 (2)	NON-UNIV
	G.H. Peacock, Saskatoon, 1982 (2)	REGISTRAR
	K.C. Bentley, Montreal, 1982 (1)	ACFD
	N. Layton, Truro, 1983	NDEB
	G.S. Beagrie, Vancouver, 1984 (1)	RCDC
	R. Hurley, 1982 (1 yr term: renewable annually)	

Summary:

Drs. N. Andrews, K.C. Bentley and A. Osborn are completing their first three-year terms and are eligible for re-election.

Dr. M. Jahjah is a presidential appointment, completing a 1982 term and is eligible for election.

Dr. N. Layton is a presidential appointment, completing the unexpired term of the late Dr. G.A. Freeze. (1983)

Drs. D.J. Yeo, G.H. Peacock and E.J. Rajczak are completing their second terms and are not eligible for re-election.

8 to be elected

1. _____ NON-UNIV
2. _____ NON-UNIV
3. _____ NON-UNIV
4. _____ NON-UNIV
5. _____ REGISTRAR
6. _____ UNIV.
7. _____ ACFD
8. _____ STUDENT

Nominations - 1982 - continued...

VII Council on Ethics: 5 members

Term: 3 years: renewable once

Incumbents: J.W. Bradey, Guelph, 1982 (2), Chairman
P.Y. Lamarche, Montreal, 1982 (2)
R.A. Hunt, Winnipeg, 1983 (1)
G.R. Thordarson, Vancouver, 1983 (1)
W.I. Vogan, Halifax, 1984 (2)

Summary:

Drs. J.W. Bradey and P.Y. Lamarche are completing their second terms and are not eligible for re-election.

- 2 to be elected 1. _____
2. _____

VIII Council on Health Care: 12 members

Term: 3 years: renewable once

Incumbents: H.W. Horsman, N.B., 1982(1), Chairman
J.F. Begin, CFDS, 1982 (2)
E. Freidin, Sask., 1982 (2)
A.D. Crocker, P.E.I., 1982 (1)
T. Dobbs, Manitoba, 1982 (1)
E.K. Fukushima, B.C., 1982 (1)
C.T. McNichol, Alberta, 1982 (1)
R.A. Janes, Nfld., 1983 (2)
D.E. Macleod, N.S., 1983 (2)
R. Bartalos, Ontario, 1983
A. Toeman, Quebec, 1982
* J.C. Rooney, N.B.

Summary:

The Council on Health Care shall consist of one voting member from each corporate members, and a chairman.

After the Executive Council has selected the Chairman for the ensuing year, the CDA President, in consultation with the corporate body from which the Chairman is selected is authorized to appoint another representative from that province to serve that term. (Article XIV, Section 4 (d)).

Dr. R. Bartalos is completing the unexpired term of Dr. R.J. Sexton (1983).

Dr. A. Toeman has completed the term of Dr. P. Belisle and is now eligible for election.

- * Dr. J.C. Rooney is a presidential appointment to fill the vacancy of the Chairman for the 1981-82 term.

Nominations - 1982 - continued...

Council on Health Care, continued

Drs. C.T. McNichol, E.K. Fukushima, A.D. Crocker, H.W. Horsman and T. Dobbs have completed first terms and are eligible for re-election.

Representatives are required from Saskatchewan and the Canadian Forces Dental Services. Drs. Begin and Freidin have completed their second terms and are not eligible for re-election.

8 to be elected:

1. _____ B.C.
2. _____ Alberta
3. _____ Sask.
4. _____ Manitoba
5. _____ Quebec
6. _____ N.B.
7. _____ P.E.I.
8. _____ CFDS

IX Council on Hospital Services: 6 members

Term: 3 years: renewable once

Incumbents: M. Gornitsky, Montreal, 1983 (2), Chairman
K.M. Gordon, Edmonton, 1983 (2)
J. Gryfe, Weston, 1984 (1)
W.H. Sussel, Chilliwack, 1983 (2)
G.L. Terriss, Halifax, 1983
* E. Cree

Summary:

The Council on Hospital Services shall consist of five members representative of the Atlantic Provinces, Quebec, Ontario, the Prairie Provinces and British Columbia.

- * Dr. E. Cree is a presidential appointment to fill the vacancy of the Chairman for the 1981-82 term.

After the Executive Council has selected the Chairman for the ensuing year, the CDA President, in consultation with the corporate body or region of corporate bodies from which the Chairman is selected is authorized to appoint another representative from that province or region to fill the vacancy. (Article XIV, Section 4 (f)).

Dr. G.L. Terriss is a presidential appointment completing the unexpired term of Dr. A.E. Hoffman (1983).

None to be elected

Nominations - 1982 - continued...

X Council on Information Services: 5 members

Term: 3 years: renewable once

Incumbents: Y. Kamachi, Ontario, 1984 (1), Chairman
M. Carvonis, Quebec, 1984 (1)
T. Koltek, Prairie Provinces, 1984 (1)
C. Leblanc, Atlantic Provinces, 1984 (1)
D. Scramstad, British Columbia, 1983 (2)

Summary:

The Council on Information Services shall consist of five members representative of the Atlantic Provinces, Quebec, Ontario, the Prairie Provinces and British Columbia.

None to be elected.

XI Council on Insurance and Investments

The Canadian Dental Association has delegated to the Canadian Dental Services Plans Inc. the functions of the Council on Insurance and Investments as a result of an agreement between the two organizations. This agreement is to be reviewed annually by the Board of Governors of the Canadian Dental Association and Canadian Dental Services Plans Inc.

RECOMMENDATION: See Executive Council Report - Page 345

XII Council on Nominations: 3 members plus Past-President as Chairman

Term: 3 years

Incumbents: G.E. Utas, Alberta, Chairman
R.L. Moran, Ontario, 1983
F. Reid, British Columbia, 1984
M.J. Crompton, New Brunswick, 1982

Summary:

The Council on Nominations shall consist of three members elected by the Board at its annual meeting, pursuant to Article X, Sect. 5 of the Bylaws, together with the Past-President, who shall be Chairman. The membership should be geographically representative of the Association and shall include one or more Past-Presidents.

Dr. M.J. Crompton is completing his term and nominations will be received from the floor at the Annual Meeting to fill one vacancy.

NOMINATION FORM - CDA

APPENDIX C

One form must be completed for each candidate. Candidates must be eligible to assume office if elected (see conflict of interest by-law on reverse of this form, and specific regional or other stipulations for nomination on the attached memorandum).

PLEASE CHECK OR COMPLETE ONE OF THE FOLLOWING:

THIS NOMINATION IS FOR: CHAIRMAN OF THE BOARD _____ PRESIDENT-ELECT _____
EXECUTIVE COUNCIL _____
COUNCIL ON _____

NOTE: Associate or Affiliated members are not eligible for nomination to the Board of Governors or Executive Council.
Student Members are not eligible for nomination to the Executive Council.

PLEASE PRINT OR TYPE THE FOLLOWING:

CANDIDATE'S NAME _____

CANDIDATE'S ADDRESS _____

_____ POSTAL CODE _____

It is desirable for a nominee to attach a brief biographical sketch if possible.

IN ACCORDANCE WITH THE STIPULATIONS OF THE CONSTITUTION AS TO REGIONAL OR OTHER REPRESENTATION, AND, AS TO MY ENTITLEMENT TO MAKE NOMINATIONS, I PROPOSE THE ABOVE CANDIDATE FOR NOMINATION.

PLEASE PRINT OR TYPE THE FOLLOWING:

NOMINATOR _____

OFFICE OR POSITION HELD _____

SIGNATURE _____

ARTICLE XX SECTION I OF THE CONSTITUTION APPEARS ON THE REVERSE OF THIS NOMINATION FORM. THIS ARTICLE DEALS WITH POSSIBLE POTENTIAL CONFLICTS OF INTEREST.

Nominee will please initial one of the following:

A) I HAVE NO KNOWN POSSIBLE POTENTIAL CONFLICT OF INTEREST _____

B) I HAVE A POSSIBLE POTENTIAL CONFLICT OF INTEREST _____

If B) please explain potential conflict on the reverse of this form.

I agree to permit my nomination and qualify by Active _____ Affiliate _____

Associate _____ Student _____ Membership in the C.D.A.

Membership in _____ (Corporate Member)

NAME OF ORGANIZATION RECOMMENDING THIS NOMINATION _____

SIGNATURE OF NOMINEE _____

Return this completed form by June 15, 1982 to:

Dr. G.E. Utas, Chairman,
Council on Nominations,
Canadian Dental Association,
1815 Alta Vista Drive,
OTTAWA, Ontario, K1G 3Y6

NOMINATIONS

ACCORDING TO ARTICLE XX SECTION I OF THE CONSTITUTION, THE FOLLOWING IS STATED:

(d) All nominees for election or appointment to Councils, Committees or Bureaux of the Association shall declare on the nomination form, all possible potential conflicts of interest. These shall be made known to the Board prior to the election.

(e) No otherwise qualified member of the Board of Governors shall be nominated or eligible for election to the Executive Council or shall continue to be a member of the Executive Council if he becomes interested or involved directly or indirectly in any business or undertaking which provides dental supplies or services of any kind to the dental profession.

(f) That, of itself, being a Trustee of the CDA administered insurance and investment plans and/or of itself being a representative of the CDA to the Board of Canadian Dental Service Plans Incorporated shall not constitute a potential conflict of interest for a current member or a candidate for election to the Executive Council of the CDA.

(g) That, no otherwise qualified member of Councils or Bureaux of the Association shall continue to be a member if he becomes interested in or involved directly or indirectly, in any business or undertaking which provides dental supplies or services of any kind to the dental profession.

(h) The Board shall be the final authority on any disputed conflict of interest.

PLEASE INDICATE BELOW ANY POSSIBLE POTENTIAL CONFLICTS OF INTEREST:

NOMINEE - PRESIDENT-ELECT

APPENDIX D

CURRICULUM VITAE

Name HICKS, Robert N.

Address 375 - 1425 Marine Drive

West Vancouver, B.C. Postal Code V7T 1B9

Office Telephone No. 922 - 0111 Area Code 604

Education:

1962 - D.D.S. - University of Alberta
1967 - M.S. - Northwestern University
Specialty of Orthodontics

Practice: West Vancouver, B.C.

1968 - 80 - Part-time Faculty - Faculty of Dentistry
University of British Columbia

1976 - 82 - Alderman - City of West Vancouver

Association Memberships:

1972-73 - President, Vancouver & District Dental Society

1974-76 - President, College of Dental Surgeons of
British Columbia

1977-78) Executive Council, Canadian Dental Association

1979-82)

1974-82 Board of Governors, Canadian Dental Association

1978-82 - Chairman, Taxation Committee, Canadian Dental
Association

1978-80 - Board member - Cancer Control Agency of British
Columbia

1980-81 - Vice-President, Board - Cancer Control Agency of
British Columbia

1982-93 - President, Board - Cancer Control Agency of
British Columbia

1982 - President, Canadian Association of Orthodontists

Honorary Memberships

Fellow - International College of Dentists

Member - Pierre Fauchard Academy

NOMINEE - PRESIDENT-ELECT

CURRICULUM VITAE

Name THOMPSON, Donald Lloyd

Address 68 Clarendon Rd. N.W.

Calgary, Alberta Postal Code T2L 0P3

Office Telephone No. _____ Area Code _____

Personal: Born December 13, 1921
Married: wife Mary, June 9, 1945
children, son - John
daughters - Donna, Pat, Pam

Education: Early school years - Moose Jaw, Saskatchewan
Graduated - Faculty of Dentistry, University of Toronto in 1950

Practice: 1950 - 1973 Medical Arts Building, Calgary
1973 - present - 1133 - 17 Avenue N.W., Calgary,

Dental Association Membership:

- President, Calgary and District Dental Society
- through Executive Offices to President, Alberta Dental Association - 1978
- Various A.D.A. and C.D.A. Committees
- Presently Alberta's Senior CDA Governor.

Other: - Served in the Navy - 1942-1946
- Member of the Elks, R.A.U.Si, and Calgary Winter Clubs.

Interests: Golf
Water sports
Hockey
Painting

NOMINEE - EXECUTIVE COUNCIL

CURRICULUM VITAE

Name CHRISTIE, John S.

Address 1595 Bedford Highway,
Bedford, Nova Scotia Postal Code B4A 1E7

Office Telephone No. 835-5286 Area Code 902

Personal: Born: April 30, 1945
Married: Wife - Jane; one son - Ian

Education: D.D.S. Dalhousie University, Halifax, N.S. - 1971

Academic Appointments:

1972 - 1978 - Part-time Instructor, Dalhousie University, Halifax
1978 - present - Lecturer, Dalhousie University
1976-82 - Coordinator of Dental Hygienists Restorative Program,
Pre-Clinical, Dalhousie University
1977-present - Auxiliary Instruction, N.S. Institute of Technology

University Committee Appointments:

1978 - Table Clinic Judge, Dalhousie University
1975 - 1978 - Member, Admissions Committee, Dalhousie University
Ad Hoc Committee (On the Appointment of a Chairman for Dept. of
Paediatrics and Community Dentistry), Dalhousie U.
DAU Committee, Dalhousie University

Hospital Appointments:

Courtesy Staff - Isaac Walton Killam Hospital, Halifax

Professional Experience:

1971 - present - Private Practice
Government - Teaching Staff, Dental Assistants Program,
N.S. Institute of Technology
Member, Working Group on the Practice of Dental Hygiene
Health & Welfare Canada

Professional Societies:

Nova Scotia Dental Association
Canadian Dental Association
Halifax County Dental Society
Canadian Society of Forensic Science

Curriculum Vitae - CHRISTIE, John S. -continued

Positions Held in Professional Organizations:

- 1975 - 1977 - Chairman, Dental Care Systems Committee,
Nova Scotia Dental Association
- 1975- present - Executive, Nova Scotia Dental Association
- 1978 - 1979 - President, Nova Scotia Dental Association
- 1980- present - Board of Governors, Canadian Dental Association
- 1979 - Ad Hoc Committee on Concerns and Responsibilities of
Dental Bodies Having Statutory Powers - CDA
- 1979 - 1980 - Co-Chairman, CDA National Convention Committee,
Halifax, N.S.
- 1982 - Dental Advisory Committee to Nova Scotia Health
Insurance Commission
- 1978- present - Nova Scotia Representative to CDA Journal
Member of N.S.D.A. Representatives to the Dental
Review Committee of the Nova Scotia Government

Presentations to Professional Organizations:

Nova Scotia Dental Association Contributor to the CDA Journal

Community Activities:

Nova Scotia Rifle Association
Secretary and Chairman of Restorations for the
Atlantic Canada Aviation Museum Society

NOMINEE - EXECUTIVE COUNCIL

CURRICULUM VITAE

Name ROBERTSON, John R.

Address 216 Linden Ave.

Summerside, P.E.I. Postal Code C1N 4N4

Office Telephone No. 436-2642 Area Code

Personal: Married - Elizabeth Ann
Children - Catherine 17
Latricia 15
Trevor John 10

Education: Graduated Dalhousie Dental School - 1964 (Class President 4 years)

Practice: Served with Armed Forces Dental Corps 9 years
Retired from RCDC with rank of Major
Presently - Summerside Dental Clinic, 216 Linden Ave.
Summerside, P.E.I.
C1N 4N4

Associations:

Present Member: (a) A.G.D.
(b) Board of Governors P.E.I.
(c) N.D.E.B. Examining Team
(d) F.D.I.
(e) Fellow of International College of Dentists
(f) United States Dental Institute
(g) Regent for Zone F, International College of Dentists
(h) Prince County Hospital Dental Advisor
(i) Green Gables Study Club, P.E.I.

Past member of Summerside Y's Mens Club
Past Cub Master (3 yrs.) Summerside Y's Mens Club Sponsor
Past member Board of Managers Summerside Presbyterian Church
Past member Advisory Board - Dental Assisting Program
Holland College, P.E.I.
Past President P.E.I. Dental Association - Two terms
Past member Council on Health Care - Two terms

NOMINEE - EXECUTIVE COUNCIL

CURRICULUM VITAE

Name Dr. Bradley W. Holmes
Address Box 79, 34 Matheson St. S.
Kenora, Ontario Postal Code P9N 3X1
Office Telephone No. 468-5581 Area Code 807

Personal: Born October 18, 1940
Married: wife, Pat
children, Andrew, 15
Allison, 13

Education: Primary - Keewatin Public School
Secondary - Kenora-Keewatin District High School
University - University of Toronto, 1965
Internship - Michael Reese Hospital and Medical Centre,
Chicago, 1966

Practice: -Associate with Dr. A. Schwartz, 1966-1970
-Private practice, 1970-present

Dental Association Membership:
-Canadian Dental Association
-Kenora Rainy River Dental Society
-Winnipeg Dental Society
-Pierre Fouchard Academy
-Ontario Dental Association:
..on Board of Governors total of 8 years
..served on following committees,
Dental Services Committee
Ad Hoc on Admissions
..Executive Council, 2 years
..Executive liaison to Hospital Services Comm.
Student Services Comm.
Ad Hoc on Admissions
..ODA President (1981)
..CDA Executive Council 1982

Interests: Fishing
Hunting
Skiing
Boating

NOMINEE - EXECUTIVE COUNCIL

CURRICULUM VITAE

Name PITKIN, Gary E.

Address 202 - 2555 Victoria Park Ave.,

Agincourt, Ontario Postal Code MIT 1A2

Office Telephone No. 491-4322 Area Code

Personal: Married - Kathleen (Kass)
Children - Lana (13)
Daniel (12)

Education: Graduate Faculty of Dentistry, University of Toronto, 1966

Association Membership:

East Toronto Dental Society, 1971-1975, becoming P
President 1974-75
Ontario Dental Association Board of Governors 1976-1981
Ontario Dental Association Executive Council 1978-1981
President, Ontario Dental Association 1980
The Canadian Dental Association Board of Governors 1978-1979
and 1981 to present.

Interests: Instructor in Cardiopulmonary Resuscitation since 1977,
lecturing and teaching in both Canada and the United States.

Active in local community as Treasurer of The Agincourt
Soccer Club.

Helped co-ordinate CDA membership activities in Ontario
in 1982.

MOMINEE - EXECUTIVE COUNCIL

CURRICULUM VITAE

Name Ramage, Thomas Edward Morrison, D.D.S.

Address #1506 - 805 West Broadway,

Vancouver, B.C. Postal Code V5Z 1K1

Office Telephone No. _____ Area Code _____

Personal: Born June 3, 1933 - Vancouver, B.C.
Married - daughter 19 and son 17

Education: Graduated University of Washington; D.D.S. - 1958

Practice: Private practice in Vancouver - 1958 - present

Dental Associations:

Director, Vancouver & District Dental Society - 1963 - 1965
Secretary, British Columbia Dental Association - 1963 - 1964
Part-time Instructor, Faculty of Dentistry
University of British Columbia - 1970 - 1972
Treasurer, College of Dental Surgeons of B.C. - 1971 - 1974
Vice-President, College of Dental Surgeons of
B.C. - 1976 - 1979
President, College of Dental Surgeons of B.C. - 1979 - 1981
Member, Board of Governors, Canadian Dental
Association - 1980 - present
1983 CDA Convention Chairman - 1982 -

Memberships:

Canadian Academy of Restorative Dentistry
American Academy of Gold Foil Operators
Vancouver & District Dental Society

Fellowship:

International College of Dentists

Dr. Ramage has presented table clinics for State,
Provincial and National meetings in Washington
State, Ontario, Manitoba and British Columbia.

Interests:

Minor hockey, skiing (snow and water), scuba diving.

NOMINEE - CONSTITUTION & BY-LAWS

CURRICULUM VITAE

Name PEACOCK, George H.

Address 109-514-23rd St. E.,

Saskatoon, Sask. Postal Code S7K 0J8

Office Telephone No. _____ Area Code _____

Personal: Place of Birth - Cobourg, Ontario.

Education: University of Saskatchewan - B.A. 1958
University of Alberta - D.D.S. 1962

Practice: Saskatoon, Saskatchewan, 1962-1976

Dental Association Membership:

- Past President Saskatoon Dental Society
- Past Chairman University Hospital Dental Staff (Saskatoon)
- Past President, College of Dental Surgeons of Saskatchewan
- Member of the CDA Council on Education, 1977-82
- Past Member and Chairman of the CDA Council on Ethics
- Secretary-Registrar-Treasurer of the College of Dental Surgeons of Saskatchewan, 1976 - present
- Past President of the Western Canada Dental Society

Lodges or Clubs:

- Past President of the Kinsmen Club of Saskatoon
- Member of the Saskatoon K-40 Club
- Director and present Secretary of the Saskatoon Hilltop Football Club
- Past Secretary of the Saskatchewan Kinsmen Foundation for the Handicapped.

Other Memberships:

- Fellow of the American College of Dentists
- Fellow of the International College of Dentists
- Member of the Pierre Fauchard Academy

Marital Status and Family:

- married (1963)
- 5 boys

NOMINEE - EDUCATION

CURRICULUM VITAE

Name Bentley, Kenneth Chessar, D.D.A., M.D., C.M.; Cert. Oral Surg.;
F.I.C.D.; F.A.C.D.

Address 3640 University St., Suite 770

Montreal, Que.

Postal Code H3A 2B2

Office Telephone No. _____

Area Code _____

Personal: Born Montreal, September 22, 1935

Married: Jean Wadsworth, August 19, 1961

2 Children - Douglas, Margaret

Education: Dental - D.D.S. - 1958 - McGill University

Medical - M.D., C.M. - 1962 - McGill University

Postgraduate -

1962-63 - Junior Rotating Interne - Montreal General Hosp.

1963-64 - Junior Assist. Resident (Surgery) - Montreal Gen. Hosp.

1964-66 - Recipient of Can. Fund for Dental Education Fellowship

1964-65 - Resident (Oral Surgery) - Bellevue Hospital, New York

1965-66 - Chief Resident (Oral Surgery) - Bellevue Hosp., N.Y.

Awards and Honours:

1971- - Fellowship International College of Dentists (F.I.C.D.)

1974- - Fellowship American College of Dentists (F.A.C.D.)

1978- - Member, Pierre Fauchard Academy

University Appointments (McGill University):

1966- - Assistant Professor, Department of Oral Surgery

1967- - Chairman, Department of Oral Surgery

1967- - Associate Professor, Department of Oral Surgery

1968- - Director, Division of Surgery and Oral Medicine

1970- - Director, Graduate Program (M.Sc. Oral Surgery)

1975- - Professor, Department of Oral Surgery

1977- - Dean, Faculty of Dentistry

Faculty Committees:

1966-68 - Chairman, Committee on Recruitment and Public Relations

1966-68 - Reference Committee

1967-76 - Chairman, McGill-Hospitals Dental Internship Cte.

1967- - Faculty Council

1968- - Executive Committee

1968-70 - Delegate to Assoc. of Canadian Faculties of Dentistry

1973- - Graduate Consultative Committee

1975- - Academic Promotions Committee

Association of Canadian Faculties of Dentistry:

1970-72 - Member of Executive Council

1972-74 - Vice-President

1974-76 - President

1976-78 - Past President

Curriculum Vitae - Bentley, Kenneth C. - continued

Hospital Appointments:

- 1966- - Junior Assistant Dental Surgeon, Montreal General Hosp.
- 1968-70 - Assoc. Dental Surgeon and Assoc. Director of Hospital
Dental Services - Montreal General Hospital
- 1970- - Dental Surgeon-in-Chief - Montreal General Hospital
- 1969-75 - Assoc. Director, Dental Service - Reddy Memorial Hosp.
- Consultant in Oral and Maxillofacial Surgery -
Montreal Children's Hospital
Reddy Memorial Hospital
Royal Victoria Hospital
St. Mary's Hospital
- 1981- - Chairman, Medical Advisory Cte., Montreal General Hosp.
- 1981- - Chairman, Bed Allocation Cte., " " "
- 1981- - Member, Planning Committee " " "
- 1981- - Member, Priorities Committee " " "

Professional Societies:

- Association of Oral Surgeons of Quebec
- 1966-74 - Hospital Services Committee
- 1967-71 - Chairman
- 1968-74 - Committee of Fees and Tariffs - Co-Chairman
- 1969-70 - Treasurer
- Bellevue Society of Oral Surgeons
- Canadian Dental Association
- 1968-75 - Hospital Services Committee
- 1971-75 - Chairman, Council on Hospital Services
- 1976-79 - Member, Cte. on Survey Policy of Council on Education
- 1979- - Member, Council on Education
- 1981- - Chairman, Committee No. 1
- Canadian Association of Oral and Maxillofacial Surgeons
- 1966-75 - Hospital Services Committee
- 1967-69 - Chairman
- 1972-74 - Chairman, Scientific Program - Joint C.S.O.S. -
A.S.O.S. meeting
- 1970-71 - Secretary-Treasurer
- 1971-72 - Chairman, Dental Services
- International Association for the Study of Pain
- Member, Local Arrangements Committee -
- 1978- - Second World Congress of Pain, Montreal,
- International Association of Oral Surgeons
- Lafleur Report Society
- 1968- - Montreal Dental Club - Secretary
- Montreal Medico-Chirurgical Society
- 1967-73 - National Dental Examining Board of Canada - Examiner
- Order of Dentists of Quebec
- 1968-75 - Hospital Services Committee
- 1970-73 - Specialists and Specialization Committee

Other Appointments:

- 1967-69 - Griffith-McConnell Home, Member, Board of Directors
- 1968-69 - Montreal West United Church, Elder
- 1970- - Queen Mary Road United Church, Elder
- 1972-80 - Chairman, Music Cte. 1980- - Member, Worship Cte.
- 1972-79 - Sec. Official Board 1979-82- Chairman
- 1982- - Chairman, Board of Trustees
- 1972-78 - Child Health Assoc. of Mtl., Member, Board of Directors

NOMINEE - EDUCATION

CURRICULUM VITAE

Name BURGMAN, G.W.

Address 6 Tweedsmuir Rd., Box 575

KIRKLAND LAKE, Ontario. Postal Code P2N 1H9

Office Telephone No. 567-3214 Area Code

Personal: Married
3 children

Education: Graduated University of Toronto 1945

Practice: Kirkland Lake, Ontario.

Association Membership:

Past:

- President and secretary of the Northern Ontario Dental Association
- Past Governor of the Ontario Dental Association
- Past member of the Research and Education Committee of O.D.A.
- Past member of the Dental Advisory Committee of Canadore College, North Bay, Ontario.
- Participant in the O.D.A. Demonstration Project on Extended Duties of Hygienists
- Fellowship in Academy of General Dentistry 1975
- Past President Kirkland Lake Chamber of Commerce
- Past Master Masonic Lodge

Present:

- Member of O.D.A.
- Member of C.D.A.
- Member of F.D.I.
- Academy of General Dentistry
- Canadian Dental Corps Association
- Member of Board of Governors of Northern College of Applied Arts and Technology
- Member of O.D.A. Education Committee
- Continuing Education Chairman of the Kirkland Lake and District Dental Association.

NOMINEE - EDUCATION

CURRICULUM VITAE

Name BOYD, Marcia A.

Address UBC Faculty of Dentistry, 2199 Wesbrook Mall,

Vancouver, B.C. Postal Code V6T 1Z7

Office Telephone No. _____ Area Code _____

Education: University of Calgary, Calgary 1964-65
University of Alberta, Edmonton 1965-69, DDS
University of British Columbia, Vancouver 1973-74, MA

Practice: Dental Practice, Eastern Arctic May-October 1969
Dental Practice, Vancouver October 1969-August 1972
U.B.C. Faculty of Dentistry, Vancouver August 1972 - date
Present position - University of British Columbia,
Faculty of Dentistry Associate Professor, Department
of Restorative Dentistry Section Head Operative Dentistry

Association Membership:

Faculty - Dental Admissions, 1974-77; 1979-date
Dean's Advisory Committee on Promotion and Tenure, 1980 - date
Society of Full-time University Dentists: Vice- President,
1976-77, President - 1977-78
Faculty Executive, 1975-78
Dental Curriculum, 1974-77; 1982-date

Provincial

or District-College of Dental Surgeons of B.C.: Education Committee
1979 - date
Vancouver Community Colleges: Advisory Committee for Health
Sciences Programs - 1979 - date
Vancouver & District Dental Society: Co-chairman, Mid-winter
Clinic, 1975

National -

Canadian Dental Association, Dental Admission Test Committee:
Member 1976-81
Chairman 1981 - date
National Convention Host Committee 1975
Association of Canadian Faculties of Dentistry (ACFD/AFDC)
Elected delegate 1974-76
Education Committee: Member 1976-78
Chairman 1978-80
Executive Council Member 1980-date
American Association of Dental Schools:
Learning Resources Steering Committee - 1979-80
Committee of Operative Dentistry Educators (Western
Region) 1976-date

Professional and Public Service

Examiner: College of Dental Surgeons of B.C. 1975; 1976
Chairman: CDA Teaching Conference (Clinical Evaluation)
June 1981

BOYD, Marcia A. -- continued

Chairman: Operative Dentistry Educators (Western Section)
1976; 1982
N.D.E.B.: Coordinator and Preclinical Examiner (Vancouver)
1982
Continuing Education Courses Presented: twelve presented in
Canada and U.S.
Citizens' Committee for Better Dental Health: 1969-73
Newspaper Column on Dental Health: 1970-72, B.C. Weekly
newspapers
University of Alberta Alumni (Vancouver Branch): Secretary,
Treasurer, President (1970-76)

Interests:

My interest and activity related to evaluation of clinical performance, aptitude and personality testing of dental applicants and students and the dental curriculum has resulted in numerous oral presentations and twenty (20) journal articles.

NOMINEE - EDUCATION

CURRICULUM VITAE

Name Hurley, Rita

Address 2281 Hingston Ave.,

Montreal, Que. Postal Code H4A 2J3

Office Telephone No. _____ Area Code _____

Personal: Born Detroit, Michigan, U.S.A. 6/6/47
Single

Education: 1961-1965 - Robichaud High School, Dearborn Heights, Mich.
1965-1967 - Wayne State University, Detroit, Mich.
1970-1972 - Santa Monica College, Santa Monica, California
1972-1974 - B.A. in biology, UCLA, Los Angeles, California
1974-1977 - M.Sc. in biology, McGill University, Montreal,
1977-1978 - Ph.D. in biology, withdrew from program. McGill Univ.
1978-1982 - D.D.S., McGill University, Montreal, Que.

Associations:

Positions: 1964-1965 - Senior Class President, Robichaud High School
1975-1978 - Student Rep. to Graduate Training Council in
Biology at McGill University
1978-1982 - Canadian Dental Association Student Representative
1979-1981 - Treasurer for McGill Women's Squash Club
1979-1980 - Team Captain for McGill Women's Squash Club Team
1979-1981 - Chief Returning Officer for Dental Students' Society
1980-1981 - Coach for McGill Women's Squash Club Team "C" Div.
1980-1982 - Team member, McGill Women's Squash Club Team "B" Div.
1980-1982 - Chairman, Promotion & Publicity Cte. of SQUASH QUEBEC
1980-1983 - Student Governor to Canadian Dental Association's
Board of Governors
1980-1983 - Member CDA's Council on Student Affairs
1980-1982 - Women's Intercollegiate Sports Council Representative
for the McGill Women's Squash Club
1981-1982 - Vice President of Marketing of SQUASH QUEBEC
1982- - Member of CDA's Membership Committee

Memberships:

1978-present - Canadian Dental Association
1979- " - Alpha Omega Fraternity (contributing author to
Probe & Mirror)
1980- " - Coaching Association of Canada
1980- " - German Wine Society
1980- " - Opimian Society
1978- " - Quebec Order of Dentists
1975-1978 - Canadian Plant Physiologists Association
1979-present - McGill Womens' Squash Club

Awards: 1980 - McGill University Dental Student Society Award
1981 - McGill University Scarlet Key Award

NOMINEE - EDUCATION

CURRICULUM VITAE

Name McINTYRE, Edward William

Address 68 Meadowlark Park Shopping Centre

Edmonton, Alberta Postal Code T5R 5W9

Office Telephone No. Area Code

Personal: Born January 6, 1942 in Thunder Bay, Ontario
Married: Brigitte in Edmonton, August 22, 1964
3 daughters - Deborah, Judith and Patricia

Education: Early education in Thunder Bay and Edmonton, Alberta
Graduated Faculty of Dentistry, University of Alberta in 1965

Practice: Meadowlark Mall, Edmonton since graduation.

Dental Association Membership:

- Various capacities Edmonton and District Dental Society
- Director on the A.D.A. Board of Directors
- Founder and President of the Alberta Society for Occlusal Studies and has served as a Director and Instructor for this Society.
- Presently serving the A.D.A. through his position as representative on the Curriculum Review Committee and as Chairman of the Awards Committee.

Other Membership:

- Member of the Kiwanis
- Granite Curling
- Edmonton Golf and Country Club
- Edmonton Yacht Club

Interests: Curling
Golf
Skiing
hiking
photography
sailing

NOMINEE - EDUCATION

CURRICULUM VITAE

Name OSBORN, Allan Gladstone

Address 406 Medical Arts Building, 233 Kennedy St.

Winnipeg, Manitoba Postal Code R3C 3J5

Office Telephone No. _____ Area Code _____

Education: Repton Preparatory School 1944 - 1947
Epsom College 1947 - 1952
Derby Institute for Applied Technology 1952 - 1954
Sheffield University - L.D.A. & B.D.S. 1954 - 1960

Practice: Internships - Oral Surgery
Orthodontics 1960-1961
Private Practise: U.K. 1961-1962

Medical Services 1962-1964
1966-1968
Provincial Services 1965-1966
Kelvin Dental Group 1968-1970
Medical Arts Building 1970-1982

Association Membership:

- M.D.A.
- C.D.A.
- W.D.S.
- Associated Ferrier Study Clubs (1967)
- Winnipeg Crown & Bridge
- University Inlay Study Group
- Hon. Lecturer Operative Dentistry 1975-1982
- Winnipeg Ferrier Society (Founder (1974) & Mentor)
- Mentors Council - Associated Ferrier Group 1976
- Canadian Council on Dental Education 1980-1982
- Canadian Academy of Restorative Dentistry
- American Academy of Operative Dentistry
- Executive Council Operative Section American Association of Dental Schools 1980-1982

NOMINEE - EDUCATION

CURRICULUM VITAE

Name POWELL, Kenneth F.

Address 230 St. George Street,

Toronto, Ontario Postal Code M5R 2N5

Office Telephone No. Area Code

Personal: Born Toronto, Ontario
Married - 1951 - Nora Jean
3 children - 1 grandchild

War Service - Canadian Armoured Corps
Canada, England and Northwest Europe 1943-1946

Education: D.D.S. - University of Toronto - 1951

Practice: Frontier Dental Activities - 1951 - 1952
First dentist employed in the Canadian Red Cross -
Newfoundland Dental Scheme.
Provided treatment to residents of the St. Barbe Coast
by boat in Summer and snowmobile in Winter.

Private Practice of Dentistry, Etobicoke (Toronto) 1952-1965
Secretary-Treasurer, Dentists' Legal Protective Assoc. 1965-72
Secretary, Ontario Dental Association 1966-1972
Registrar-Secretary-Treasurer, The Royal College of Dental
Surgeons of Ontario 1965-present

Academic: Associate, Department of Paedodontics Univ. of Toronto 1962-1965
Assistant Professor, Faculty of Dentistry, University of Toronto
Ethics, Jurisprudence and Forensic Dentistry 1965-present
Lecturer, Faculty of Dentistry, The University of Western
Ontario, Jurisprudence, 1980 - present
Senator, University of Toronto - 1965 - 1972
Dental Staff, Hospital for Sick Children, Toronto, 1953-1963

Association Memberships:

Councillor, Academy of Dentistry - Toronto - 1956
President, West Toronto Dental Society - 1958
Governor, Ontario Dental Association - 1960-1962
Secretary-Treasurer, Academy of General Dentistry - 1967-1969
Member of Executive Committee, Ontario Division of the
Canadian Red Cross 1959-1965
Chairman of the Board, Christ Church (Anglican) - 1969-present
Director of the Kiwanis Music Festival of Toronto - 1957-1959
Master - Connaught Lodge AF & AM - 1965
Member Scottish Rite 32^o
Fellow of American College of Dentists
Fellow of International College of Dentists
Honorary Member - Academy of Dentistry - Hamilton
Member - Omicron Kappa Upsilon Dental Fraternity
Chairman for Canada - Pierre Fauchard Academy

NOMINATION - ETHICS

CURRICULUM VITAE

Name LEGGETT, Dr. W.G.

Address 107 - 178 John St.

Brampton, Ont. Postal Code L6W 2A4

Office Telephone No. 451-9561 Area Code

Education: University of Toronto,
Faculty of Dentistry 1963

Practice: Private Practice in Brampton, Ont. 1963 to present

Association Membership:

Dental Students' Society: Assistant Treasurer 1960-1961
Treasurer 1961 - 1962
Co-Editor "Dental Extracts" 1962-1963
Canadian Dental Association - 1963 to present
Ontario Dental Association:- member 1963 to present
Governor 1978 to present
Member DPAC 1980 to present
Halton-Peel Dental Association: 1963 to present
Director 1974 and 1975
Secretary 1976 and 1977
O.D.A. Rep 1978 to present
Editor-Newsletter 1979 to
present

NOMINEE - ETHICS

CURRICULUM VITAE

Name MC CLELLAND, Richard Charles

Address Faculty of Dentistry, University of Alberta

Edmonton, Alberta Postal Code T6G 2N8

Office Telephone No. _____ Area Code _____

Personal: Born: December 25, 1919, Herbert, Saskatchewan
Married: Wife - Joan Florence
Two sons - James and Douglas
Two daughters - Patricia and Janet

Military Record: Navigator, R.C.A.F.
Awarded the Distinguished Flying Cross and Bar

Education: D.D.S. Faculty of Dentistry, University of Alberta - 1950
M.Sc. in Prosthodontics - Ohio State University - 1965

Practiced in Westlock and Edmonton, Alberta until return to post-graduate studies.

University Appointments:

1953-65 - Part-time Faculty Staff Member, University of Alberta
1966 - Full-time
present - Professor in Prosthodontics.

Association Memberships:

Past Treasurer, Secretary and President of the Edmonton and District Dental Society
Secretary-Treasurer, Alberta Academy of Prosthodontics
Director and President of the Canadian Academy of Prosthodontics
Alberta Dental Association Board of Directors
President, ADA - 1980
Liaison Officer between the Faculty and the ADA
Chairman, ADA Convention Committee - 1970

Hobbies: Golf and curling

Other: Has had long experience with the Boy Scouts of Canada

Interests: Executive member of the Progressive Conservative Party
Member, Anglican Church

NOMINEE - HEALTH CARE

CURRICULUM VITAE

Name Edwin K. Fukushima
Address 2732 West Broadway
Vancouver, B.C. Postal Code V6K 2G4
Office Telephone No. 736-7371 Area Code 604

Private dental practice since 1969.

Previous involvements:

- A) Part-time Sessional Clinical Assistant Professor.
Faculty of Dent., University of B.C. 1969 - 1981
- B) College of Dental Surgeons of B.C.
(1) Education Committee Chairman 1974 - 1976
(2) Part-time Auxiliary Education Co-ordinator 1976
(3) Auxiliary Benefits Committee Chairman 1981
- C) U.B.C. Dental Alumni Association - President 1980 - 1981

NOMINEE - HEALTH CARE

CURRICULUM VITAE

Name HAMILTON, Keith I.

Address 1 - 3421-8th Street E.

Saskatoon, Sask. Postal Code S7H 0W5

Office Telephone No. Area Code

Personal: Married - wife Pat
 1 son
 Born County Donegal, Ireland

Education: Early Education - Kelvington, Saskatchewan
 Graduate - College of Dentistry, University of Saskatchewan 1979

Practice: Associated practice prior to establishing solo practice 1980
 Part time staff member College of Dentistry since 1979.

Interests: Active in all sports with special interests in hockey,
 wind surfing and fastball.

NOMINEE - HEALTH CARE

CURRICULUM VITAE

Name HORSMAN, Howard W.

Address 43 Pine Glen Road

Riverview, New Brunswick Postal Code E1B 1V3

Office Telephone No. 386-6922 Area Code 506

Education:

University of New Brunswick, B.A. (Major in Biology)	1967
Dalhousie University D.D.S.	1971

Positions Held in Organized Dentistry:

Area Representative on Board of Directors, New Brunswick
Dental Association

Chairman, Board - N.B.D.A. (four years)

New Brunswick Representative on Health Care Council 1978 - 81

Chairman, Health Care Council 1981 - 82

Chairman, Ad Hoc Committee on Dentistry for the
Disabled 1979 -

Member, Advisory Committee (N.B. Representative) to
Holland College - Dental Assistant School

Personal:

Born: Moncton, N.B., August 3, 1944

Married: Wife - Joan
Three children (9, 8 and 5 years - 1 girl, 2 boys)

Hobbies: Raquetball, motorcycling (endurance racing)

Leader in Scouting movement

NOMINEE - HEALTH CARE

CURRICULUM VITAE

Name McNICHOL, Chalmers Taylor

Address 1133 - 17 Ave. N.W.

Calgary, Alberta Postal Code T2M 0P7

Office Telephone No. Area Code

Personal: Born September 23, 1925 at High River, Alberta
Married - February 4, 1950 wife Helen
- 2 sons - John and Peter

Education: Public and High School - High River, Alberta
Graduated Faculty of Dentistry, University of Alberta 1949

Practice: Practice in Didsbury Alberta from 1950 to 1956
Relocated to Calgary 1956 to present.

Associate Membership:

A.D.A. - Chairman of the Auxiliary Services and Continuing
Education Committees
C.D.A. - Council on Health Care
Working Group - Dental Hygiene

Interests: Member of the Calgary Winter and Ranchman's Clubs.
Hobbies include golf, curling and badminton.

NOMINEE - HEALTH CARE

CURRICULUM VITAE

Name LCol. Peter Robert McQueen
Address Director Dental Plans and Requirements (2), National Defence
Headquarters, Ottawa, Ontario Postal Code K1A 0K2
Office Telephone No. 996-7189 Area Code 613

EDUCATION

- 1946 - 1957 - Public and Secondary School
Completed in Medicine Hat, Alberta and
Moose Jaw, Saskatchewan
- 1957 - 1958 - University of Alberta, Edmonton
Pre-Dentistry Arts and Science
- 1958 - 1963 - University of Alberta, Faculty of
Dentistry, DDS Degree
- 1971 - 1972 - University of Toronto, Faculty of Dentistry
Dental Diploma in Public Health (DDPH)

WORK EXPERIENCE

- 1963 - 1968 - Posted to Canadian Forces Base Rivers, Manitoba
as dental officer with rank of Captain. Clinical
Dentistry
- 1968 - 1969 - Promoted to rank of Major and posted to
headquarters dental division to perform
administrative duties.
- 1969 - 1971 - Posted to assume command dental clinic at Rockliffe,
Ontario. Clinical and administrative duties.
- 1971 - 1972 - Selected and posted to Toronto for Post
Graduate Training in Public Health
- 1972 - 1976 - Promoted to Lieutenant-Colonel and posted to
Canadian Forces Dental Services School in
Canadian Forces Base Borden, Ontario.
- 1976 - 1979 - Posted to Halifax, Nova Scotia as Base Dental
Officer.

.../2

- 2 -

- 1979 - 1982 - Posted to Canadian Forces Base Lahr, West
 Germany as Commanding Officer 35 Field Dental Unit.
- 1982 - Present - Posted to Ottawa as Director Dental Plans and
 Requirements-2.

CURRENT DENTAL MEMBERSHIPS

Alberta Dental Association

Canadian Dental Association

Canadian Society Public Health Dentists

NOMINEE - HEALTH CARE

CURRICULUM VITAE

Name SKINNER, Kenneth R.

Address 633 Lodge Avenue,
Winnipeg, Manitoba Postal Code R3J 0S9

Office Telephone No. Area Code

Personal: Born - Winnipeg, Manitoba
Married: 1 son

Education: University of Manitoba - B.Sc. 1969
University of Manitoba - D.M.D. 1973

Association Membership:

Member M.D.A. Auxiliaries Committee 1979 to present
Chairman M.D.A. Auxiliaries Committee 1981 to present
Observer C.D.A. Accreditation Survey
University of Manitoba
School of Dental Hygiene - September 1981

NOMINEE - HEALTH CARE

CURRICULUM VITAE

Name TOEMAN, Andrew G.

Address 1 Place du Commerce, Suite 100

Nuns' Island, Verdun, Que. Postal Code H3E 1A3

Office Telephone No. 768 - 2586 Area Code 514

Graduate - McGill University	1966
Private Practice	1966 - 69
Practiced in Sydney Australia	1969 - 71
Group Practice - Nuns' Island, Quebec	1971 -
Teaching in Operative Department Jewish General Hospital	1972 -
Course Coordinator "Practice Management" for Graduating Year - McGill University	1978 -
Memberships:	
Alpha Omega Mount Royal Dental Society	1962 -
Quebec Dental Surgeons Association	1966 -
Chicago Dental Society	1978 -
Academy of General Dentistry	1976 -
Fellow - Academy of General Dentistry	July, 1982
Founding Member - Hexagon Dental Study Club	1978
Member, Committee of Dental Auxiliaries, QDSA	
Guest Lecturer "Les Journées Dentaires" Practice Administration	1980
Member, Council on Health Care, CDA	1981-82
Member, Working Group on Dental Hygiene Health & Welfare Canada	1982
Hobbies: Sailing, skiing, long-distance running (3 marathons), reading	

STUDENT AFFAIRS

REPORT OF THE COUNCIL ON STUDENT AFFAIRS

TO THE

SEPTEMBER 1982 CDA BOARD OF GOVERNORS

Members: Dr. Peter Judd, Chairman, University of Western Ontario
Mr. William Liang, University of British Columbia
Mr. Tim Mahoney, University of Alberta
Mr. David McLeod, University of Saskatchewan
Mr. Alexander Mutchmor, University of Manitoba
Miss Licia Verardo, University of Western Ontario
Dr. Hardy Limeback, University of Toronto
Mr. Warren Carr, McGill University
Miss Sandra Grenier, Université Laval
Mr. Michael Cormier, Dalhousie University
Dr. Rita Hurley, McGill University
Dr. David Kapusianyk, University of Saskatchewan
Mr. Alain Thivierge, University of Montreal
Dr. Lynn Tomkins, Windsor, Ontario
Dr. B. Holmes, Executive Liaison

1. Council Meetings

The Council has met once since the last Board, on April 5-6, 1982 at CDA Headquarters in Ottawa.

A. Matters Requiring Board Action

1. Increase in Student Membership Fees

Council reviewed current student membership fees and anticipated expenditures for the 1982-83 year, and felt that it was necessary to increase these fees.

BE IT RESOLVED that the student membership fees be increased to \$12.00 for the 1982-83 academic year.

ADOPTED

2. Reinstatement of the Graduate Luncheons in the Voluntary Provinces

In reviewing CDA's past co-sponsorship of graduate luncheons in Ontario, Council reiterated its support of these functions in provinces where CDA membership was voluntary. Council recommended, however, that funding for these luncheons come from CDA's Membership Committee, rather than the Council on Student Affairs:

STUDENT AFFAIRS

A. Matters Requiring Board Action (Cont'd.)

2. Reinstatement of the Graduate Luncheons in the Voluntary Provinces (Cont'd.)

WHEREAS the Council on Student Affairs supported the elimination from its budget of CDA sponsored graduate luncheons which were held in Ontario dental schools,

and

WHEREAS the Council recognizes CDA's desire to encourage voluntary membership of new graduates in Quebec and Ontario, and considers the grad luncheon a valuable vehicle for the CDA to inform new graduates about the CDA

BE IT RESOLVED that the Canadian Dental Association reinstitute its financial and organizational support, via its Membership Committee, of grad luncheons at the dental schools in the voluntary provinces (Ontario and Quebec).

ADOPTED

B. Information not Requiring Board Action

1. Manual on Canadian Graduate, Post-Graduate, Internship and Residency Programs

Council's Manual has now been completed and distributed to all Canadian Faculties of Dentistry, the Association of Canadian Faculties of Dentistry, and the National Dental Examining Board of Canada.

As new information is received, it will be inserted in the Manual and distributed to the faculties. It is anticipated that Council will undertake a complete revision of these materials every three years.

2. NDEB Student Questionnaire

Last year, Council developed a series of questions which it felt students wished to know about the NDEB.

Council acknowledges with appreciation, the NDEB's efforts in both answering and distributing this information to senior Canadian dental students.

STUDENT AFFAIRS

B. Information not Requiring Board Action (Cont'd.)

3. Student Newsletter

Council is pleased to report that it has published its first student newsletter. This newsletter entitled DENTO-FORUM was distributed to all Canadian dental students last March.

It is anticipated that DENTO-FORUM will be published twice a year, after each meeting of Council.

4. Student Representative Manual

Council, under the leadership of Dr. Rita Hurley, has developed a Student Representative Manual for students who are either thinking about becoming a CDA student representative or have been elected to this position. The intent of this Manual is to inform students about their role and responsibilities as CDA representative.

It is anticipated that this Manual will be distributed in the fall at the 1982 Canadian Dental Students' Conference.

5. CDSC.82

The 1982 Canadian Dental Students' Conference will be held at the University of Western Ontario in London, Ontario, from October 6 - 9, 1982.

6. Student Membership

Council is pleased to report that student membership for the 1981-82 membership year is 94.5%. This is the highest membership figure ever attained by the Council on Student Affairs.

7. Tape-Slide Presentation

In order to enhance CDA's presentation to dental students during the annual Welcome to the Profession receptions, Council felt that a tape-slide presentation on CDA and organized dentistry, could be developed. Council is aware that a similar type of presentation is being developed by the Communications Department and felt that there could be a sharing of this information.

Council struck an ad hoc committee to develop guidelines and suggestions for this tape-slide presentation. It is hoped that this presentation will be available for the 1982 fall program.

STUDENT AFFAIRS

- B. Information not Requiring Board Action (Cont'd.)
8. Practice Administration Manual

Council is pleased to report that one-half of its Practice Administration Manual has been drafted under the direction of Dr. Bob Brandon from the University of Western Ontario.

It is presently anticipated that the remaining portion of the Manual will be available in the fall at CDSC.82 with final revisions completed by early 1983. At that time, the Manual will be distributed to the Canadian teachers of practice administration and other interested groups, for final comment before presentation and approval by the CDA Board of Governors.

Summary

The past year has been an interesting and productive time for the Council on Student Affairs. I am pleased to report that Council has met twice under its new structure, and we are functioning effectively and efficiently with representation from each Canadian dental faculty.

Respectfully submitted by

Dr. Peter Judd,
Chairman,
Council on Student Affairs.

ADOPTION OF REPORT

The Board of Governors adopts the report of the Council on Student Affairs.

CANADIAN DENTAL ASSOCIATION

STUDENT REPRESENTATIVE MANUAL

Developed by the
Council on Student Affairs
of the
Canadian Dental Association
1815 Alta Vista Drive
Ottawa, Ontario. K1G 3Y6

INDEX

	Page
1. INTRODUCTION	1
2. HISTORY OF THE COUNCIL ON STUDENT AFFAIRS	2
3. THE COUNCIL ON STUDENT AFFAIRS	3
A. STRUCTURE AND FUNCTIONS	3
B. MEMBERSHIP	4
C. VOTING	5
D. ACTIVITIES	5
E. FUNDING	6
F. MEETINGS	6
G. LENGTH OF TERM ON COUNCIL	7
H. ELECTED POSITIONS ON COUNCIL	7
4. CDA REPRESENTATIVES AT THE DENTAL FACULTIES	9
A. SELECTION OF REPRESENTATIVES, TERM OF OFFICE	9
B. DUTIES AND RESPONSIBILITIES	9

INTRODUCTION

This manual has been developed by the Council on Student Affairs (CSA) of the Canadian Dental Association for students at Canadian dental faculties who have been elected to, or are considering running for the position of CDA Student Representative.

It is not an attempt to answer all questions and inquiries about this position. These guidelines are provided to either assist you in your decision to run for the position or to familiarize you with the duties you have selected to undertake.

We hope that you will carefully read the enclosed brochure. Should you have any questions, please direct them either to the CDA Council on Student Affairs or to the CDA Representative at your faculty.

THE COUNCIL ON STUDENT AFFAIRS
CANADIAN DENTAL ASSOCIATION
1815 Alta Vista Drive
Ottawa, Ontario. K1G 3Y6
(613) 523-1770

HISTORY OF THE COUNCIL ON STUDENT AFFAIRS

In 1978, the Council on Student Affairs of the Canadian Dental Association was formed and became one of eleven councils of the national dental association. A students' council comprised of dental students, dealing solely with dental student concerns was a new concept for the Canadian Dental Association. It was greeted enthusiastically by the Association and dental students alike. During that same year, the Canadian Dental Association appointed a full time Director to provide input and continuity to the Council and to be its staff liaison at CDA Headquarters in Ottawa.

This newly formed students' council was comprised of six representatives, two of whom were elected at the Canadian Dental Students' Conference (CDSC) each year to serve a three-year term.

While this structure appeared to work well, Council members felt that only a maximum of six dental faculties could be represented on Council at any one time. Consequently, Council decided to restructure to become more representative of all Canadian dental students and all dental faculties.

In August 1981, the CDA Board of Governors approved Council's proposal for a revised structure encompassing representation from all dental faculties.

THE COUNCIL ON STUDENT AFFAIRS

A. STRUCTURE AND FUNCTION

The Council on Student Affairs is comprised of ten third year representatives, one from each Canadian faculty of dentistry, two fourth year students and two new graduates.

Each year at Council's first meeting, two students from among the ten third year representatives, are elected to serve on Council for a three-year term. They become the Student Governor-Elect and the Council Chairman-Elect. During their fourth year, they fully assume their elected responsibilities (see page 8). As new graduates they become senior advisors to the Council.

The remaining eight third year representatives serve on Council for one year only.

Table 1 illustrates the overall structure of the Council on Student Affairs - its relationship and input to the CDA Board of Governors, the CDA Executive Council (from which Council has a liaison), the National Dental Examining Board of Canada, the Association of Canadian Faculties of Dentistry, the CDA Council on Education, the American Student Dental Association and Canadian Dental Service Plans Inc. Council sends a representative to each of these organizations in addition to seating a Student Governor on the CDA Board of Governors.

Excluding CDA's Executive Council, the Council on Student Affairs is the only council within the Canadian Dental Association which seats a governor on the Board of Governors. Other Board representatives are selected by provincial dental associations on the basis of one governor for each 500 CDA members within that province.

At the time of its incorporation as a Council of the Canadian Dental Association, the CDA outlined terms of reference for the Council on Student Affairs. They are as follows:

- (1) To report at least annually to the Board of Governors on student interests and activities.
- (2) To be responsible for the effective organization and conduct of the annual Canadian Dental Students' Conference.
- (3) To recommend on policies bearing on student members' involvement in national and international dental student affairs.
- (4) To encourage and promote membership in the Association by Canadian dental students.

Any actions and motions passed by the Council are directed to the CDA Executive Council for comment and then to the Board of Governors for final action and approval. Incorporated in CDA's Council structure is an Executive Council liaison who attends meetings of Council in an advisory capacity and who, in turn, presents Council's views at the Executive Council and Board.

B. MEMBERSHIP

All undergraduate Canadian dental students who have paid their annual CDA membership dues are eligible to become members of the Council on Student Affairs. The final selection of CDA representative is, however, determined by election at each dental faculty. Dental school representation on Council and at CDSC is normally restricted to third year students. If, however, a third year representative is not able to attend a meeting, he/she may send an alternate.

C. VOTING

All third year CDA student representatives are eligible to vote on motions of Council as are the past Council Chairman and past Student Governor. The Chairman votes only in cases of a tie and the Student Governor does not vote since -

- (1) it is his/her responsibility to represent all dental students, and
- (2) his/her dental faculty already has one vote through its third year representative.

D. ACTIVITIES

Although the two most prominent activities of the Council are its annual Students' Conference and its yearly CDA student membership campaign, there are many more activities which Council has initiated. Some of these are:

- (1) The development of an annual student information questionnaire.
- (2) A compilation of all Canadian graduate, post-graduate, internship and residency programs.
- (3) A Student Representative Manual.
- (4) A Practice Administration Manual.
- (5) Publication of a twice yearly student newsletter - DENTO-FORUM.
- (6) Attendance at meetings by groups and organizations seeking student representation.

Each year, the Council Chairman selects representatives to attend meetings of the CDA Council on Education, the National

Dental Examining Board of Canada, the Association of Canadian Faculties of Dentistry, the American Student Dental Association and Canadian Dental Service Plans Inc. These representatives are normally selected from among Council's three-year appointments, (see page 8).

After attending these meetings, it is the attendees's responsibility to provide Council with a written report and summation of the meeting and to recommend any actions which Council should take.

- (7) To discuss, debate and recommend actions pertaining to student interests and concerns as expressed by dental students across the country.

E. FUNDING

The Council on Student Affairs and the annual Canadian Dental Students' Conference are funded in a variety of ways.

The Conference is funded, in large part, by a grant from Colgate-Palmolive, through the Canadian Fund for Dental Education. Support also is received from the CDA, the provincial dental association in which the Conference is held and local dental industries.

Council's funds are derived through CDA's general operating budget to which student membership fees are added.

Many of Council's projects are financed by the Canadian Dental Association, since student fees are not able to fully support Council's activities.

F. MEETINGS

Traditionally, the first meeting of the Council on Student Affairs is held in the fall of each year in conjunction with CDSC. A second meeting of Council is held in the late winter and/or early spring of the following year.

G. LENGTH OF TERM ON COUNCIL

All third year CDA representatives automatically become members of Council. Their term of office is one full year.

Two representatives from among these ten are elected to serve a three-year term.

H. ELECTED POSITIONS ON THE COUNCIL ON STUDENT AFFAIRS

At Council's first meeting each fall, two third year representatives are elected to become either the Student Governor Elect or the Council Chairman Elect. Their first year on Council is an apprenticeship year whereby they learn the business of Council and familiarize themselves with the CDA and its student concerns. The Student Governor Elect is invited to attend two Board meetings as an observer to prepare for his/her role as Governor.

Their second year on Council is spent in their elected roles and as full and active Council members.

Their third year on Council is as advisors providing Council with continuity of representation and expertise.

It is from among this group of six Council members that the Chairman generally selects representatives to outside meetings.

A brief outline of the duties and responsibilities inherent in these two elected positions is as follows:

Duties and Responsibilities

1. Council Chairman

- acts as the official spokesperson and chairperson of the CDSC and two CSA meetings;
- selects Council members to meetings requiring student representation;

- presents reports to Board of Governors meetings in March and August/September;
- casts a tie-breaking vote at CSA meetings, if necessary;
- acts as editor of CDA's student newsletter - DENTO-FORUM;
- performs all those duties imposed by law and tradition.

2. Student Governor to the CDA Board of Governors

- votes and represents students nationally at the Board of Governors' meetings in March and August/September;
- submits reports to the CSA concerning Board of Governors' meetings and any other meetings attended on behalf of the CSA.

CDA REPRESENTATIVES AT THE DENTAL FACULTIES

A. SELECTION OF REPRESENTATIVES, TERMS OF OFFICE

In 1981, CDA representatives proposed a tier system of student representation at the dental faculties.

The tier system involves the election of the CDA representative at the end of the freshman year. During the representative's second year, he/she will assist the third year representative in various assigned responsibilities.

During third year, the CDA representative attends the annual Canadian Dental Students' Conference, becomes a voting member of Council and assumes his/her major CDA responsibilities.

During fourth year, he/she assists the second and third year representatives in carrying out their CDA responsibilities.

B. DUTIES AND RESPONSIBILITIES OF THIRD YEAR REPRESENTATIVES

The duties inherent in the position of CDA representative are briefly outlined below.

1. Distribution of the CDA Student Membership Materials

These materials are forwarded to the faculty, care of the third year representative, in August each year. It is the representative's responsibility to distribute these materials to each undergraduate dental student. Posters with the name of the CDA student representative should be placed in key locations throughout the dental faculty. Membership application forms should be given to each dental student, and students should be informed of the activities and benefits of CDA student membership. Special attention

should be given to first year students since eligibility for many CDA membership benefits is dependent upon student membership throughout a student's undergraduate training.

2. Distribution of the Monthly CDA Journal & Twice Yearly Student Newsletter

Journals for all undergraduate students are forwarded in bulk each month to the third year representative. It is the representative's responsibility to ensure that this Journal is promptly distributed to all students each month.

The CSA Newsletter, DENTO-FORUM, is forwarded in bulk to each dental faculty, twice yearly. Similarly the representative is requested to distribute this newsletter to the dental student body as promptly as possible.

3. Acting as a CDA Contact with your Student Body

Throughout the academic year, it is the representative's responsibility to act as CDA's contact at the dental faculty. He/she should be prepared to answer questions about the CDA and to provide students with contact people at CDA Headquarters who may help them with their inquiries.

4. Attending Conferences and Meetings

Each year, the third year representative attends the annual Students' Conference (on-site at a dental faculty) and two meetings of Council. At these meetings, representatives are introduced to organized dentistry in Canada and discuss issues of mutual concern to dental students. Actions are taken and recommendations are made for further consideration by the CDA and other relevant groups. It is the responsibility of each student representative to come prepared for these meetings and to actively participate in these deliberations. Resource materials are forwarded to each rep in advance of these meetings. It also is the responsibility of each representative to report back to the dental faculty, the

Dental Student Society and the dental student body, decisions made at these meetings.

5. Organizing CDA Visits to the Dental Faculty

In the past, CDA delegates have visited the faculties to speak with students about the CDA and its membership services. It is the responsibility of the representative, in conjunction with the Dean and CDA Headquarters, to organize this visitation.

Further guidelines for this event are provided by the Canadian Dental Association.

6. Assisting in Planning the Canadian Dental Students' Conference if it is at Your School

CDA representatives at the faculty in which CDSC is to be held are responsible for assisting in preparing for this Conference. Although major planning responsibility falls on the fourth year representative, both the second and third year representatives are requested to assist in the preparations for this Conference.

Planning details are available from CDA Headquarters.

7. Informing CDA Headquarters of the Newly Elected CDA Representative

CDA representatives are requested to forward the name and address of their newly elected representative as soon after selection as possible.

8. Co-Ordinating Lecture Room Time for CDSPI Presentation of the CDA NO-COST Graduate Insurance Package

This is normally done in late fall or early winter for the senior class. Student representatives will be contacted by CDSPI in the planning of this event.

9. Corresponding with the Junior CDA Representative

CDA representatives are requested to maintain continual communication with their junior representatives. It is the representative's responsibility to prepare his/her successor to knowledgeably assume forthcoming responsibilities.

REPORT
OF
THE ASSOCIATION OF CANADIAN FACULTIES OF DENTISTRY
L'ASSOCIATION DES FACULTÉS DENTAIRE DU CANADA
TO THE
BOARD OF GOVERNORS
OF THE
CANADIAN DENTAL ASSOCIATION

We welcome this opportunity to report to the Board of Governors on some of the more important actions of the Association of Canadian Faculties of Dentistry/L'Association des facultés dentaires du Canada during the past year. In the cause of brevity, the topics are presented in summary form.

A) ANNUAL MEETINGS

The Executive Council, House of Delegates, the Research and Education Committees met in Halifax in June, 1982. Also convened was the XII Biennial Conference on Canadian Dental Research and Education. In attendance were representatives from the National Dental Examining Board, National Health and Welfare Canada, Canadian Fund for Dental Education, CDA Council on Student Affairs, and the Canadian Dental Association. We were pleased to welcome your President, Dr. D.E. Williams, Brigadier-General W.R. Thompson, Dr. V. Chatwin and Mr. H. Drouin. Dr. Williams gave us a most interesting and informative address. ACFD/AFDC joins the many friends and colleagues of Dr. Williams in congratulations on his receiving an Honorary Doctor of Laws from Dalhousie University.

B) XII BIENNIAL CONFERENCE ON CANADIAN DENTAL RESEARCH AND EDUCATION

This was held in conjunction with the annual meetings of the ACFD/AFDC and a well-presented and well-received program was convened. The Research

Component dealt with current research on "Calcification Mechanisms of Bone Tissue and Teeth", and followed through with applications of this research to clinical dentistry. In addition, research papers on other topics were presented. One full day of the Education Component was devoted to "How People Learn".

C) OFFICERS

The House of Delegates elected Dean G.W. Thompson as President for a two-year term. Also elected were Dean A. Schwartz as Vice-President and Dr. M.A. Boyd as Treasurer.

D) REPRESENTATION TO THE HOUSE OF DELEGATES

Amendments to the Bylaws admitted a representative from the Canadian Forces Dental Service School as a voting delegate. Also admitted on the same basis was a representative from the Sections of ACFD/AFDC. The Section delegate represents the Section of Dental Hygiene Educators.

E) CANADIAN FUND FOR DENTAL EDUCATION

The CFDE priorities for granting funds are:

- I Foster research investigators in the health planning field
- II Research and other investigations in the field of dental health planning
- III Education to advance dental health services to the public
- IV Specialist services for underserved areas
- V Student Activities

ACFD/AFDC has recommended that Faculty development in the broadest sense should be the main priority of CFDE.

F) CDA TEACHING CONFERENCES

As has been done for several years, ACFD/AFDC recommended the topics and Chairmen for the 1983 and 1984 Conferences.

1983 Teaching Conference

Topic - The Teaching of Practice Management
Chairman - Dr. Roger L. Ellis
Site - Vancouver
Date - September 27, 28

1984 Teaching Conference

Topic - Dental Biomaterials
Chairman - Dr. Dennis Smith
Site - CDA Headquarters, Ottawa
Date - None suggested

G) CONFERENCE ON GERIATRIC DENTISTRY

Funding for this project by National Health and Welfare Canada is gratefully acknowledged by ACFD/AFDC. The Chairman is Dr. David Banting, University of Western Ontario and the Conference will be held in London, Ontario in late February, 1983. In addition to the research and academic implications, the needs for and the delivery of dental services to the elderly will be examined. It is planned to have a representation from a fairly broad range of national and provincial bodies.

H) NATIONAL CLINICAL COMPETENCY EVALUATION PROJECT

The grant application for this ACFD/AFDC project was submitted to the National Health and Welfare Canada on July 29, 1982. Hopefully, funding will be approved for this necessary project.

I) CDA COMMITTEE ON SALARIED DENTISTS

The current President of ACFD/AFDC, Dr. G.W. Thompson served as the ACFD/AFDC member on this Committee.

J) CONTINUING EDUCATION

ACFD/AFDC continues to support and work closely with the CDA Committee on Continuing Education.

K) RESEARCH

The matter of the serious paucity of funding for Canadian dental research was given careful consideration. An Ad Hoc Committee chaired by Dean A.R. Ten Cate will propose recommendations for ameliorating this critical situation as well as ways and means to improve and develop clinical and basic research in Faculties of Dentistry.

L) 1983 HOUSE OF DELEGATES

This annual meeting will take place in conjunction with the American Association of Dental Schools in Cincinnati, Ohio in March, 1983.

M) COUNCIL ON EDUCATION LIAISON

ACFD/AFDC has welcomed and been better informed about Council matters, since the CDA has provided liaison to our Executive Council and House of Delegates. We have been extremely fortunate to have Dr. Douglas J. Yeo, the retiring Chairman of Council, perform the liaison during the past four years. He has done so most ably. ACFD/AFDC wishes to express appreciation to the Board of Governors and to Dr. Yeo and to wish Dr. Yeo good health and much success in the future.

N) ACCREDITATION GUIDELINES

The House of Delegates of ACFD/AFDC strongly urges the Board of Governors and the Council on Education to provide a mechanism for input from this Association and the dental schools, if and when any review of the guidelines for accreditation process is undertaken.

O) CDA STUDY OF DENTAL MANPOWER

It is important that ACFD/AFDC be given an early opportunity for input into the current study being conducted by R.K. House and Associates.

P) FUTURE STATUS OF ACFD/AFDC

This most important item has been purposely left until the end of this report. The Executive Council of CDA has already received and reviewed the application of the Association of Canadian Faculties of Dentistry/ L'Association des facultes dentaires du Canada for a voting seat on the Board of Governors. It requested ACFD/AFDC to submit a position paper to the Executive Council of CDA. The officers and delegates of ACFD/AFDC view this request as one which merits serious consideration by the Board of Governors.

Q) APPRECIATION

We would like to express the continuing appreciation of ACFD/AFDC to the Canadian Dental Association, for the fine spirit of co-operation in the interests of dental education and research, and dentistry in general, which has developed between the two organizations.

Respectfully submitted.

G.W. Thompson,
President

July, 1982

ADOPTION OF REPORT

The Board of Governors accepts the Report of the Association of Canadian Faculties of Dentistry as information, with thanks.

C.F.D.E.

REPORT OF THE CANADIAN FUND FOR DENTAL EDUCATION
TO THE 1982 ANNUAL BOARD OF GOVERNORS

MEETINGS

1. Since writing my interim report early this year, we have held a Review & Management Committee meeting on February 17 and our annual Board of Trustees meeting on April 26-27.

GOVERNMENT REPORTS / AUDITORS STATEMENT

2. I am pleased to let you know that the detailed information I provided in my interim report last March in regard to the Fund's record breaking performance in 1981 was not changed in any way by our auditors.
3. Charitable organizations, such as CFDE, are required to file forms T3010 and T2052 annually with the federal government. This year the government made a number of changes in the forms which seemed to indicate that expenses related to our grant programs should more properly be considered as direct charges rather than overhead charges as we have shown them in the past.
4. The matter was checked with a government official and he agreed that such was the case and in future program expenses should be classified as direct charges on government returns.
5. Our auditors, Thorne Riddell, agreed that a change should be made and their report will be altered accordingly in 1982.
6. The effect of this change in 1981 would be that \$22,253 would be transferred from overhead expenses and charged to program services, i.e. all expenses in connection with programs such as the Advisory Committee meeting.
7. This adjustment would mean that the overhead percentage of 43.1 referred to in my interim report would be reduced to 33.8.

HEALTH SCREENING PROGRAM

8. At the February 17 meeting the Executive Director summarized the ADA/AFDH sponsored health screening program. The program is held at annual conventions and includes a glaucoma and visual acuity test; head, neck and oral exam; electrocardiogram; panorex x-ray exam as well as various blood tests. It was noted that for this program ADA collects approximately \$25,000 which it remits to AFDH. In turn AFDH eventually remits this amount plus between \$15,000 - \$18,000 from its general funds to underwrite all costs of the program.
9. The Trustees were much impressed with the program, however, realized that because of the shortage of time it could not be considered for implementation at the 1982 CDA Convention. The following resolution was passed:

That the ADA/AFDH health screening program as held in Kansas City be considered by CDA for its 1983 annual Convention in Vancouver, the program to be held in conjunction with CFDE.

10. Mr. Drouin agreed to place the subject on the agenda for the next meeting of the 1983 Convention Committee to be held in March 1982.
11. At the April 26-27 meeting Mr. Drouin informed the Trustees that while the subject had been on the agenda for the March meeting of the Convention Committee, it was not considered at that time. However, he assured the Board that it will be considered at the next meeting of the Convention Sub-Committee.

PROPOSED FLUORIDE PROGRAM

12. As mentioned in my interim report, the Kellogg Foundation sponsored a program in the United States to educate and motivate physicians to prescribe fluoride supplements for children living in non-fluoridated areas and has indicated an interest in sponsoring a similar program in Canada. You will recall that a cassette and film used in the US program were forwarded to the CDA offices together with all appropriate correspondence for the use of Dr. Earl Freidin at a CDA Council on Health Care meeting. A letter from Dr. Freidin dated December 1, 1981, states that a motion was passed at the meeting endorsing the principle of using the program in Canada.
13. Mr. Drouin reported on February 17 that CDA had an Advisory Committee meeting scheduled for March/April 1982 to be attended by a representative from each of the various health professions in order to determine the best methods of promoting fluoridation.
14. At the April 26-27 meeting Mr. Drouin informed the Trustees that no additional information was available at that time. Further developments are expected subsequent to the next meeting with the Department of National Health and Welfare scheduled for May of this year.

HENRY M. THORNTON / RECOGNITION

15. At the Dentsply reception on May 10 I had the pleasure of presenting Mr. Thornton with the scroll establishing CFDE's fellowship in his honour. The scroll reads as follows:

The Trustees and Officers of the Canadian Fund for Dental Education wish to express their deep appreciation to Henry M. Thornton for his effective leadership in support of dental education and dental health in Canada by establishing The Henry M. Thornton Teacher/Researcher Training Fellowship to be awarded annually in his honour.

CDA REQUEST / RECONSIDERATION OF CFDE OCTOBER 1981 DECISION
TO RETAIN THE FUND OFFICE IN TORONTO

16. At our annual meeting I read the resolution passed at the CDA 1982 Interim Board of Governors meeting. I also summarized my report to the Governors as well as the discussion that ensued. Mr. Drouin distributed a transcript of that discussion.

C.F.D.E.

17. As I indicated to you in March, the Trustees continue to be concerned regarding overhead costs and at our recent annual meeting it was agreed that every effort will be made to reduce the costs to hopefully 25-30%.

18. The following resolution was passed:

Be it resolved

that after careful consideration the CFDE Board of Trustees reaffirms its decision of October 1981 to maintain the Fund's office in Toronto.

CFDE OFFICE ORGANIZATION / JUNE 30, 1982

19. After the October 1981 Board meeting I asked the two staff members to make recommendations regarding the Fund's operation subsequent to Mr. McDonald's retirement as of June 30, 1982. A number of suggestions were brought forward at the February 17 meeting for consideration by the Trustees.

20. At their annual meeting in April the Trustees decided on the following arrangements commencing June 30, 1982:

- I. Kleysteuber to assume added responsibilities;
- M. McDonald to be available on a consulting basis, probably the equivalent of four or five days per month, at least until the end of 1982;
- Chairman, Vice-Chairman and M. McDonald to be available for consultation with I. Kleysteuber;
- Management Committee to assume greater responsibilities and meet more frequently than once a year if necessary;
- additional person to be employed on at least a part-time basis;
- continuing investigation as to the advisability of computerizing CFDE records, perhaps using ODA or a company supporter computer;
- utilization of generous offers of free help from company supporters;
- CFDE to continue to avail itself of as much help as possible from the American Fund for Dental Health.

21. The Trustees appointed I. Kleysteuber Executive Secretary as of July 1, 1982.

22. The lease on CFDE's present office location expires July 14, 1982, and the Trustees agreed that the office should be moved to a new location in Toronto. After discussing several alternatives, they authorized the Management Committee to investigate the feasibility of locating the office in the ODA headquarters building and to negotiate a lease there or elsewhere in Toronto.

AD HOC GRANTING PRIORITIES COMMITTEE REPORT

23. The report was again considered at the April 26-27 annual meeting and the following was decided:

- (1) That the Association of Canadian Faculties of Dentistry at their June meeting be asked to (a) make suggestions as to specific research projects that fall within the recommendations of the report and (b) either forward directly or encourage applications for such projects (for which foundation support would then be sought).
- (2) That the Canadian Dental Association be asked to comment on the report.
- (3) That with regard to CFDE's involvement in dental research in Canada, both ACFD and CDA be asked for their comments.

FUND RAISING

24. At the request of the Board Mr. R. Bedard, President of Canadian Fund Raising Systems, attended part of the meeting to speak on the subject of fund raising as applied to CFDE. The following are some of the points made by Mr. Bedard:

- it is not feasible to approach the general public for support (would be very costly and require a long time to achieve results);
- because of the current economic conditions no increased support can be expected from the corporate sector for at least the next 12 to 15 month period;
- possibility of establishing a five year plan of action based on the recommendations contained in the ad hoc committee report;
- the Fund's greatest potential for increased support lies with the dental profession; Mr. Bedard offered several suggestions as to how greater participation might be achieved.

No decision was made in regard to employing Mr. Bedard's services.

25. After a rather lengthy general discussion, the Trustees decided on the following for 1982:

- CFDE's annual report to be divided into two parts, an annual report to be published in the spring and an honour roll of contributors to be published early in the fall; both portions to be included in the CDA Journal as part of the publication rather than the inclusion of a special section, thus resulting in a cost saving;
- appeal letter to business and industry to be forwarded in the spring rather than the fall;
- change to straight return envelope from the previous 'postage paid' return envelope;

C.F.D.E.

- two mailings to the entire profession, one in the spring and one in the fall;
 - selected mailing towards the end of the year to all previous dentist contributors who so far in the year have not forwarded a donation;
 - Management Committee to give consideration to developing a structure for a more personal solicitation campaign;
 - pursue possibility of special projects and fund raising activities.
26. Additionally the Trustees passed a resolution authorizing the Management Committee to spend up to \$1,000 for the investigation of fund raising techniques.

ADVISORY COMMITTEE ON FELLOWSHIP SELECTION

27. The Advisory Committee met on April 23 and Dr. John E. Speck, Committee Chairman, presented his report to the Board on April 26.
28. Six applications were received for the CFDE fellowship of \$2,000 offered annually for an existent dental teacher and the Advisory Committee selected the 1982 recipient for the Board's approval.
29. It was further recommended that one full fellowship and seven half fellowships be awarded to dentists reapplying for CFDE support and that three half fellowships be awarded to dentists applying for assistance for the first time.
30. Six teacher training half fellowships were recommended for dental hygienists.
31. The Trustees were pleased to approve the Advisory Committee's recommendations that for dentists a full fellowship have a value of \$8,000 and a half fellowship \$4,000 and that the fellowship named in honour of Henry M. Thornton have an added value of \$1,000. The value of fellowships for dental hygienists was set at \$3,000 for a full fellowship and \$1,500 for a half fellowship.
32. The total amount approved for all fellowships was \$60,000, payable in Canadian dollars.
33. The Committee also recommended some changes in granting policy for both dentists and dental hygienists, all of which were approved by the Board.
34. For a number of years the Advisory Committee has consisted of four members (including the Chairman). Obviously the more members, the more input is obtained. However, since the method of selection has been greatly refined and standardized over the years, it was felt that in future a Committee of three (including the Chairman) can handle the assignment satisfactorily.

35. The Trustees accepted the Committee's recommendation and, therefore, it was not necessary to appoint a replacement for Dr. D. W. Banting whose term of office expired with this year's meeting. A motion was passed to express the Board's thanks to Dr. Banting for the time and effort he has devoted to the Fund's interests as a member of the Advisory Committee.
36. The Trustees were greatly impressed with the deliberations of the Advisory Committee and expressed their sincere appreciation to the Chairman and the members for their excellent work on behalf of the Fund.

GRANTS APPROVED FOR 1982

37. At the October 1981 meeting the Board approved the following grants for payment in 1982:
 - \$12,500 - XII Biennial Conference on Dental Research and Education
 - \$ 6,640 - 1982 Teaching Conference
38. As you are probably aware, for the past several years CFDE has offered scholarships for undergraduate dental students with a value of \$500 in each of the nation's ten dental schools. These scholarships have been sponsored by Cooper Laboratories Limited and the Trustees were greatly disappointed with Cooper's decision to withdraw its sponsorship commencing with the 1981/82 academic year, particularly since no advance notice had been given and the awards are published in the school calendars for the current academic year.
39. A resolution was passed at the February 17 meeting to notify the dental schools that Cooper has withdrawn its support of the scholarship program and that in view of the prior announcement in school calendars, CFDE will honour the scholarships for the 1981/82 award winners. An amount of \$5,000 was approved.
40. At the April 26-27 annual meeting a motion was passed to discontinue the scholarship program formerly sponsored by Cooper Laboratories Limited but that further involvement with undergraduate dental students be studied. It was suggested that when advising the deans of the resolution, they should be asked for their suggestions as to other avenues of CFDE support for undergraduate dental students.
41. A grant of \$1,000 was approved to provide scholarships for students in dental technology, awards to be established only in programs which train dental laboratory technicians and only in provinces as may be recommended by the local dental licensing boards.
42. Upon application an unrestricted grant of \$1,500 will be awarded to each of the ten Canadian dental schools.
43. A grant of up to \$8,051 was approved in support of the Canadian dental students' conference to be held in London, Ontario, September 29 - October 2, 1982.

C.F.D.E.

44. The Trustees considered an application for \$7,000 to fund the CDA-DAT interview validation study. The request was approved subject to the inclusion of a French language dental school in the workshop.

BOARD OF TRUSTEES

45. Dr. Marjorie Jackson completed her first term of office. While eligible for a second term of three years, Dr. Jackson tendered her resignation. She will be retiring from her post at the Toronto Faculty of Dentistry in June of this year and felt she should be replaced on the Board by someone active in either dental practice or the academic field.
46. Drs. Peters, Upton and Vaillancourt all completed their first term of office and agreed to let their names stand in nomination for reappointment for a second three year term.
47. My final term of office has, of course, now been completed.
48. Dr. David Peters was nominated to succeed me as Chairman and Mr. Douglas Rutherford was appointed Vice-Chairman for the ensuing year.
49. Following Dr. Peters' appointment as Fund Chairman, it was necessary to appoint a successor to serve as a Trustee from the Atlantic Provinces. Dr. Gerald Barrett was appointed as CFDE trustee from the Atlantic Provinces, and Dr. S. Golden was appointed CFDE trustee from Ontario, replacing Dr. M. Jackson.

REVIEW & MANAGEMENT COMMITTEE

50. In addition to the Chairman and Vice-Chairman, who are automatically members of the Committee, the following were nominated for membership: Dr. Peters, Dr. Shortill and Mr. Drouin. My membership on the Committee will, of course, terminate on September 25, 1982, whereas all other members will serve until the 1983 annual meeting.

APPRECIATION

51. This is the final report I will be submitting as Chairman of CFDE's Board of Trustees and I do want to express my gratitude for the privilege of serving the profession in this capacity.
52. I have appreciated the many opportunities that have been mine of getting to know more personally, and to work more closely with the officers and members of the Canadian Dental Association.
53. I do sincerely thank my fellow Trustees for their support and the hundreds of donors from the dental profession, dental auxiliaries, foundations and business and industry, whose contributions have enabled the Fund to significantly enrich our profession and enhance its image.

54. And I particularly want to record my deep appreciation for the efforts, on behalf of CFDE, of Ingrid Kleysteuber, Secretary to the Fund, and Murray McDonald, Executive Director, who for fifteen years has been the untiring mainspring of the Fund.
55. I am proud to have been associated with the Canadian Fund for Dental Education and I am confident it will move forward to ever widening horizons.

Respectfully submitted,

James A. Guest, D.D.S.
Chairman
CFDE Board of Trustees

June 11, 1982

ADOPTION OF REPORT

The Board of Governors receives the report of the Canadian Fund for Dental Education with appreciation and sincere thanks are extended to Dr. Guest for his past service to the Fund.

THE ROYAL COLLEGE OF DENTISTS OF CANADA
REPORT TO
THE BOARD OF GOVERNORS
CANADIAN DENTAL ASSOCIATION
SEPTEMBER 24 TO 25, 1982

I welcome this opportunity to address the Board of Governors of the Canadian Dental Association with respect to the activities of The Royal College of Dentists of Canada since the Interim Board of Governors Meeting held in March of this year and which I had the pleasure of attending.

In March, the College was also very pleased to accept an invitation from the Canadian Dental Association to attend a meeting in Vancouver of the 1983 CDA Convention Committee. This meeting afforded the College an important and welcome opportunity to discuss in its planning stages next year's Annual Meeting and Symposium on Periodontal Disease, which will be held in conjunction with the CDA Annual Convention and as a complement to its scientific program.

The Annual Meeting of the College was held on May 7, 1982 in Toronto, the date and place chosen to correspond with the CDA Convention. Dr. J.W. Stamm, Chief Examiner in Dental Public Health and Professor and Chairman, Department of Community Dentistry, McGill University, was appointed Examiner-in-Chief of the College. Drs. D.W. Lewis (Dental Public Health), R.I. Brooke (Oral Pathology), A.H. Fenton (Prosthodontics), W.J. Fleming (Dental Sciences) and R. Moran (Paedodontics), a former president of the CDA, were elected to represent for a three year term of office their respective specialties on Council, the College's governing body.

At Convocation on May 8th, Honorary Fellowship in the College was conferred on Dr. Robert E. Moyers, an orthodontist and international authority on human growth and development. Fellowship by examination was conferred on 12 specialists: six oral surgeons, two periodontists, one paedodontist, one oral radiologist, one prosthodontist and one endodontist; and Membership on 93 specialists.

The annual Membership Examinations will be held on June 18 and 19, 1982 in Toronto, Edmonton and Vancouver. Thirty-seven candidates in seven specialties have applied to sit the examinations, successful completion of which enables the candidates to become Members of the College.

2.

The Fellowship Examinations will take place on December 4, 1982. At present, 18 candidates in six specialties will present themselves for examination.

The College now represents approximately 44% of all dental specialists practising in Canada. As was stated in an earlier report to the CDA, the College is committed to increasing that percentage in order to broaden its representative base to establish a single national standard of excellence in each of the dental specialties. Good progress had been made and is being made toward the achievement of that major objective. To that end, the College has recently established a Priorities and Planning Committee, chaired by Dr. M.J. Crompton, a former CDA president, whose responsibility it is to review and define its objectives and goals, with a view to making Fellowship and Membership in the College more desirable for dental specialists.

J.H.P. Main
President

14 June 1982

ADOPTION OF REPORT

The Board of Governors accepts the Report of The Royal College of Dentists of Canada as information, with thanks.

CANADIAN ACADEMY OF ORAL PATHOLOGY

REPORT OF THE CANADIAN ACADEMY OF ORAL PATHOLOGY TO THE 1982 ANNUAL BOARD OF GOVERNORS

The sixteenth annual meeting of the Canadian Academy of Oral Pathology was held in Reno, Nevada, on May 5, 1982. The meeting was chaired by the President, Dr. A. Elgeneidy of Dalhousie University.

Five new members were accepted into the Academy and two members were dropped from the rolls, bringing our total membership to 45. The C.D.A. membership status of the members of our Academy was discussed and it became apparent that, for the most part, members of our Academy were also members of the C.D.A. The notable exception were those Academy members who no longer work in Canada and it was generally felt that this was acceptable.

The Nominating Committee presented their slate of Officers for standing Committees and this was unanimously accepted by the members present. Therefore the Executive for the upcoming year consists of:

President: Dr. A. Elgeneidy
Vice-President: Dr. B. Harsanyi
President-Elect: Dr. G. Wysocki
Secretary-Treasurer: Dr. D. Mock

Following members were elected to the standing committees:

Nominating Committee: Dr. W. Maxymiw
Membership Committee: Dr. B. Blasberg
Professional and Public Relations Committee: Dr. T. McGaw

It was announced that a teaching conference in oral pathology was held in Ottawa in April, sponsored by the C.D.A. and the C.F.D.E. Representatives from all Canadian dental schools were present and significant recommendations were made as to undergraduate teaching curricula. The members present agreed that this was a productive and worthwhile meeting in establishing standards for the teaching of oral pathology in undergraduate programmes and also provided a forum for exchange of ideas and discussion amongst the oral pathology staff of Canadian dental schools.

The members present agreed that the 17th Annual Meeting of the Canadian Academy of Oral Pathology would be held in Orlando, Florida, in May of 1983, in conjunction with the Annual Meeting of the American Academy

CANADIAN ACADEMY OF ORAL PATHOLOGY

of Oral Pathology. There was also some discussion about the possibility of holding future meetings in conjunction with the C.D.A. No conclusion can be reached, however, most members felt that it was unlikely that funds would be available for attendance at both the C.D.A. and A.A.O.P meetings and that the latter was most important for the continuing education of our membership. This matter will be discussed further at our next annual meeting.

David Mock, Secretary-Treasurer
Canadian Academy of Oral Pathology

ADOPTION OF REPORT

The Report of the Canadian Academy of Oral Pathology received as information by the Board of Governors, with thanks.

June, 1982

CANADIAN ASSOCIATION OF ORTHODONTISTS

REPORT OF THE CANADIAN ASSOCIATION OF ORTHODONTISTS TO THE CDA 1982 BOARD OF GOVERNORS

During the past year, the CAO has held two meetings of its Executive Committee and completed its Annual Convention and Annual Business Meeting. One Executive Meeting was held in Montreal on January 29, 1982 and the second Executive Meeting was held in Toronto on May 7 prior to the Annual Scientific Session and Annual Meeting on May 8 and 9, 1982.

The Annual Convention was most successful with over 100 orthodontists attending. At our Annual Luncheon Meeting, special recognition was given to the history of the Canadian Association of Orthodontists and its founding members were presented with Honorary Membership in the Association. Dr. R.D. Haryett presented the Inaugural McIntyre Lecture which detailed specific historical entities of the founding of the CAO.

In the course of the Business Meetings during the year, the following items were highlighted as major issues of discussion:

1. Canadian Foundation for the Advancement of Orthodontics

This foundation has been established as a charitable foundation on the initiative of the Canadian Association of Orthodontists. The Annual Meeting of the CAO was informed by President Dr. Jack Dale that official recognition by Revenue Canada had been received. The objective of this Foundation is to encourage and lend assistance in the form of lectureships, fellowships, scholarships, and grants and to promote education, research and other charitable activities related to the advancement of orthodontics.

Contributions received from individuals, corporations, organizations and institutions will be used to carry out the Foundation's charitable objectives. The bulk of the initial revenue will come from Canadian orthodontists who become McIntyre Fellow Members of the Foundation.

CANADIAN ASSOCIATION OF ORTHODONTISTS

2. Grieve Memorial Lecture

Recent correspondence from the CDA indicated that the CAO has incorrectly assumed financial responsibility for the Grieve Memorial Lecture expenses for the past few years. The Executive Director of the CDA has correctly identified that the Lecture is a CDA financial responsibility and that the CAO's role is one of a consultative nature during the selection of the Grieve Memorial Lecturer.

3. CDA Membership

The By-laws of the Canadian Dental Association state that in order for Canadian orthodontists to be members of the CAO they must also be members of the CDA. The total membership of the CAO must be CDA members in order that the specialty society may retain its "Section" status within the CDA. A letter from CDA informed Non-CDA members of CAO in Ontario and Quebec of their "illegal" status has caused considerable negative comments from many CAO members (including CDA members within the specialty association).

The CAO Executive and the members in attendance at our Annual Meeting have discussed this issue at length and have resolved that, while the CAO firmly supports CDA objectives and encourages membership in the CDA, it cannot support the CDA requirement that all its active members must be members of the CDA.

In an attempt to solve this problem, the following suggestions were put forward to the President to bring forth at the September 1982 meeting of the Specialty Section representatives with the CDA table officers:

- (a) consideration of an "attainable" CDA membership percentage of specialty associations being sufficient to meet the requirements of CDA;
- (b) creation of "affiliate membership" status within specialty associations for those members not belonging to CDA in order to circumvent the "active member" requirement of the CDA By-law;

CANADIAN ASSOCIATION OF ORTHODONTISTS

- (c) deletion by CDA of the CDA membership requirement in their By-laws;
- (d) withdrawal of specialty associations from "section status" in CDA if they are unable or unwilling to meet the CDA requirement. The specialty groups taking this action would then communicate and interact with CDA on an informal and non-structured basis.

The CAO sincerely hopes that an amicable solution to this problem can be reached at the September 1982 meeting since it desires to retain its "section status" in order to fulfill its commitment of total support of the CDA.

4. Orthodontic Insurance Information Form

At the request of the Dental Insurance Industry and upon instruction from the CDA, meetings have taken place with representatives of the insurance industry in order to develop a national orthodontic information (claim) form. Agreement has been reached by all parties on the final form. This long awaited agreement will be presented to the CDA for its approval.

5. CAO Annual Conventions

In an attempt to respond to CDA's request that specialty groups conduct their annual conventions at the same time as the CDA Annual Convention, the CAO is planning a one-day "overlap" of their convention with the CDA Convention in Vancouver in 1983.

This report is submitted in an attempt to provide information to the CDA Board of Governors on CAO activities during the past year.

Respectfully submitted

Robert N. Hicks, D.D.S.
President
Canadian Association of Orthodontists

ADOPTION OF REPORT

The Report of the Canadian Association of Orthodontists received as information by the Board of Governors, with thanks.

CANADIAN ACADEMY OF PAEDODONTICS

REPORT OF THE CANADIAN ACADEMY OF PAEDODONTICS TO THE 1982 ANNUAL BOARD OF GOVERNORS

1. The Canadian Academy of Paedodontics held their annual meeting in conjunction with the combined C.D.A./O.D.A. meeting in Toronto on Monday May 10, 1982. Our Academy co-sponsored Dr. Louis Ripa of Stoneybrook New York who addressed both the CDA/ODA and our Academy during the day on modern prevention techniques. There was a large attendance at both morning and afternoon sessions.
2. Our 1983 meeting will be held in Calgary July 1-3 in conjunction with the Fifth Canadian Congress of Dentistry for Children of which our Academy is one of the official sponsors.
3. As it has been a long standing policy of our Academy to meet with the C.D.A. every other year, we will do so again in Montreal between April 8-12, 1984.
4. Our membership has shown continuous growth, and at present we have 116 active members.
5. Our Academy has been officially granted (with the CDA's approval) the Eleventh Congress of the International Association of Dentistry for Children to be held in Toronto in June 1987. Dr. Frank Pulver will act as Convention Chairman.

Respectfully submitted

Frank Pulver, Secretary/Treasurer

ADOPTION OF REPORT

The Report of the Canadian Academy of Paedodontics received as information by the Board of Governors, with thanks.

CANADIAN ACADEMY OF PERIODONTOLOGY

REPORT OF THE CANADIAN ACADEMY OF PERIODONTOLOGY

TO THE 1982 ANNUAL BOARD OF GOVERNORS

The Academy is pleased to present this report to the Board of Governors, as follows;

The Annual Meeting was held on May 7-8, 1982, at the Sheraton Centre, Toronto. Scientific presentations, which were very well received, included; Dr. Norman Mohl - "Functions and Dysfunctions of the T.M.J."

Dr. Elliot Gayle - "Bio-Feedback Mechanisms"

A short business session included the following information and discussion;

1. Membership now is 94 Active members, 26 Associates, and 4 Honorary.
2. Nominations; President; Dr. Samuel Newman
Secretary-Treasurer; Dr. Allen Wainberg
Both were elected unanimously.
3. Constitution; extensive revision is expected during the coming year, to include consideration of the matter of C.D.A. membership within the specialty section.
4. Tokens of appreciation to the outgoing officers; President, Dr. Gordon Pentz, and Secretary-Treasurer Dr. Ted Lackie (ten years of service).
5. Appreciation of the Academy to Dr. Harvey Freedman and his committee for the excellence of preparation of the C.D.A. educational pamphlets "Do you have Periodontal Disease" and "Do it Yourself Oral Hygiene".
6. The Academy is on a firm financial foundation.
7. The next Canadian Academy of Periodontology meeting is being planned for September, 1983, in Vancouver, coordinating with the C.D.A. Dr. Cary Galler will be the Committee Chairman for the British Columbia Society of Periodontists, who will be organizing this meeting on behalf of the Academy. The 1984 meeting will likely be in Montreal.
8. New members; an individual mailing was made on July 30, 1982, to every Canadian certified periodontist who is not yet a member of the Academy, inviting membership.

Sincerely,

Allen S. Wainberg, Secretary-Treasurer
Canadian Academy of Periodontology

ADOPTION OF REPORT

The Report of the Canadian Academy of Periodontology received as information by the Board of Governors, with thanks.

THE ASSOCIATION OF PROSTHODONTISTS OF CANADA

REPORT OF THE ASSOCIATION OF PROSTHODONTISTS OF CANADA
TO THE 1982 ANNUAL BOARD OF GOVERNORS

Para. 1 Amended
September 25, 1982

The Association of Prosthodontists of Canada will be holding its annual meeting October 22nd and 23rd in Montreal. The theme for this meeting will be the "Medically and Surgically Compromised Patient". The Association is expecting a good turnout for such a timely topic.

Immediately preceding the annual meeting in October, there will be the 2nd Lorne E. McLaughlin Prosthodontic Conference. Dr. McLaughlin of Ottawa has made substantial funding available for prosthodontic education. The Conference this year will focus on the subject of maxillofacial prosthodontics in the undergraduate dental curriculum and the program is being coordinated by Dr. Bruce Graham from Dalhousie University. The meeting is open to members of the Canadian Dental Association.

The Executive of the Association for 1982 are as follows:

Past President:	Dr. Herbert Ptack
President:	Dr. Douglas Chaytor
President Elect:	Dr. Paul Jean
Vice President:	Dr. Shaukat Chaney
Secretary-Treasurer:	Dr. Brock Love
Senior Councillor:	Dr. Paul Sillis
Junior Councillor:	Dr. J. Anderson

Our membership roster continues to expand. We are now at the state of 95 active members. We look for continued growth and expansion and activities of this organization.

At our annual meeting, the issue on membership stipulation in the Canadian Dental Association will be discussed. The starting point for discussion will be 50% plus 1 of The Association's active membership will have and hold membership in the Canadian Dental Association.

The Association of Prosthodontists of Canada looks forward to working with the Canadian Dental Association in the future to meet the demands that are facing dentistry in general with particular reference to the discipline of prosthodontics.

Respectfully submitted,

Dr. W.B. Love
Secretary-Treasurer.

ADOPTION OF REPORT

The Report of The Association of Prosthodontists of Canada is received as information by the Board of Governors, with thanks.

CANADIAN SOCIETY OF PUBLIC HEALTH DENTISTS

REPORT OF THE CANADIAN SOCIETY OF PUBLIC HEALTH DENTISTS
TO THE 1982 ANNUAL BOARD OF GOVERNORS

The Canadian Society of Public Health Dentists held their annual meeting on Sunday, May 9, 1982 in Toronto, Ontario. Thirty-two members were in attendance plus 8 observers.

Dr. Don Williams brought greetings from the Canadian Dental Association, Dr. Wm. Bedford from the Department of National Health and Welfare and Dr. Ken Kawall from the Province of Ontario.

During the meeting eighteen (18) new members were accepted as nominated by the Membership Committee bringing the total of 125 members (93 active, 22 associate and 9 retired).

There were no changes in the Constitution and By-Laws made or proposed at the meeting.

The following items were either discussed or acted upon:

- a) Dr. D. W. Lewis reported that Dr. R.L. Ellis had been asked to chair a committee to look into the matter of residencies as part of specialty training in dental public health. Other members are Dr. A. Gray, Dr. B. Romcke, Dr. T. Curry, Dr. M. Lewis, Dr. K. Ryan and Dr. P. Main.
- b) Dr. R.L. Ellis reported that two private practitioner dentists (nominated by C.D.A.) have been added to the Working Group on Dental Hygiene and that a report should be submitted for printing in the fall of 1983.
- c) Dr. D.W. Lewis highlighted his written report on annual meeting of R.C.D.(C) with detailed explanation on Membership in and Fellowship in R.C.D.(C).
- d) Dr. A.M. Hunt, Dr. D.W. Lewis, Dr. A. Gray and Dr. M. Pilon gave reports on various dental surveys being conducted in Canada.
- e) Dr. N. Farrell reported on a Dental Health Care Evaluation seminar to be held on May 29 to June 3, 1983.
- f) Dr. T. Curry offered condolences to family of Dr. R. Headley, C.S.P.H.D. member who passed away in March and to Dr. K. Ryan on the serious accident of his daughter that week-end.

CANADIAN SOCIETY OF PUBLIC HEALTH DENTISTS

Since officers are elected for a two year term there was no election this year; therefore executive remains as follows:

Past Pres.	Dr. J. Stamm
President	Dr. T. Curry
Pres. Elect	Dr. B. Romcke
Sec. Treas.	Dr. R.L. Ellis

A well-attended and well-received scientific program was held on the day before the annual meeting (May 8th) co-sponsored by the Ontario Society of Public Health Dentists. Dr. J. Leake, and Dr. P. Main put together an excellent program on Periodontal Disease Programs. Guest lecturers were: Dr. George Beagrie (B.C.), Dr. Don Anderson (Toronto), Dr. Lars Christersson (Buffalo) and Dr. Bill McHugh (Rochester).

Following the business meeting on Sunday three O.S.P.H.D. members (Dr. D. Lewis, Dr. T. Hicks and Dr. K. Kallow) made presentations on their involvement in dental public health projects of interest to others in attendance.

Respectfully submitted

Roger L. Ellis,
Secretary-Treasurer

:ga

ADOPTION OF REPORT

The Report of the Canadian Society of Public Health Dentists received as information by the Board of Governors, with thanks.

TRANSACTIONS
of the Canadian Dental Association

DÉLIBÉRATIONS
de L'association dentaire canadienne